Calidad en Salud

Better Health for

Women and Children

Quarterly Report

First Quarter, 2003

For:
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Acronyms

AA-MC	AIEPI-AINMC, Manejo de Casos
AA-PP	AIEPI AINM-C, Promoción y Prevención
AIEPI	Atención Integral a las Enfermedades Prevalentes en la Niñéz
AINM-C	Atención Integrada al Niño y la Mujer a Nivel Comunitario
APROFAM	Asociación Pro-Bienestar de la Familia
AQV	Anticoncepción Quirúrgica Voluntaria
ATR	Asesor Técnico Regional
BRES	Balance, Requisición y Envío de Suministros
CP	Community Participation
CPT	Contraceptive Procurement Table
CYP	Couple Years Protection
DAS	Dirección de Área de Salud
ETL	Equipo Técnico en Logística
EPS	Estudios de Práctica Supervisada
ETANA	Equipo Técnico Asesor Nacional de AIEPI
F CCMM	Facultad de Ciencias Médicas
FA	Facilitador de Área
FI	Facilitador Institucional
FP	Family Planning
GAS	Grupos de Acción en Salud
GMP	Growth Monitoring Promotion
GTI	Grupo Técnico Interinstitucional
IEC	Información, Educación y Comunicación
IGSS	Instituto Guatemalteco de Seguridad Social
IMCI	Integrated Management Childhood Illness
INCAP	Instituto de Nutrición para Centro América y Panamá
IRAS	Infecciones Respiratorias Agudas
IUD	Intra-Uterine Device

JSI	John Snow Inc.
LMIS	Logistics Management Information System
MA	Médico Ambulatorio
MCH	Maternal Child Health
MEW	Minimum Expected Weigh
MIC	Manejo Integrado de Casos
MNH	Maternal Neonatal Health
MOH	Ministry of Health
MSPAS	Ministerio de Salud Pública y Asistencia Social
NFP	Neonatal Family Planning Methods
NGOs	Non-Gubernamental Organizations
PF	Planificación Familiar
POA	Programación Operativa Anual
PNUD	Programa de las Naciones Unidas para el Desarrollo
PROSAN	Programa de Seguridad Alimentaria y Nutricional
PVO	Private Voluntary Organizations
SIAF	Sistema Integrado de Administración Financiera
SIAS	Sistema Integral de Atención en Salud
SIGER	Sistema de Información Gerencial
SIGSA	Sistema de Información Gerencial en Salud
SRO	Sales de Rehidratación Oral
SUI	Sistema Unificado de Información
TA	Technical Assistance
TSR	Técnico en Salud Rural
UE	Unidad Ejecutora
UNFPA	United Nations Fund for Population Activities
UPE	Unidad de Planeación Estratégica
UPS 1	Unidad de Provisión de Servicios I
UPS 2	Unidad de Provisión de Servicios II

UPS 3	Unidad de Provisión de Servicios III
USAC	Universidad de San Carlos de Guatemala
USAID	United States Agency for International Development
USME	Unidad de Supervisión, Monitoreo y Evaluación
VS	Vigilante de Salud

1. EXECUTIVE SUMMARY

1.1. Result 1: Increased Use of Maternal Child Health Services Provided by the MSPAS and Associated NGOs

Family Planning

The following is a summary of monitoring results including couple years protection (CYP) and new acceptors of family planning (FP) methods both nationwide and in the eight priority areas.

CYPs Nationwide and in 8 Priority Areas

Data are included for the months of January and February for the whole country; for the month of March data are provided for14/26 areas nationwide, including 7/8 priority areas.

Overall, 84.1% of the target for CYPs in the first quarter of 2003 has been achieved (Table 1) 82.6% for the MSPAS and 87.8% for IGSS. The MSPAS cumulative percentage for CYPs is –4.3 percentage points below the goal, while IGSS is –3 percentage points below its goal at 22%.

The total amount of CYPs is less than projected due to a preference among new acceptors to use injectables which produce less CYPs per new acceptor. In some areas, 70% of new users selected injectables.

During the first quarter of 2003, the PNSR and *Calidad en Salud* have worked non-stop to introduce a comprehensive package of AQV services in the health centers and posts and hospitals. The increased access to AQV will ensure that services are received by those in need and that follow-up of treatment is enforced. Eventually, the approach is to be implemented at the national level.

Table 1: Number of CYPs Nationwide by Target Achieved, MSPAS & IGSS, 2003

Nationwide	First Quarter			Total		
	Target	Achieved	%	Target	Achieved	%
Total	99,992.75	84,047.38	84.1	399,971	84,047.38	21.0
MSPAS*	72,519.0	59,914.38	82.6	290,076	59,914.38	20.7
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* Preliminary data (14/26 areas Mrch)

In the 8 Priority Areas

21% of the annual target has already been achieved at the end of the first quarter (Table 1). CYPs in the 8 priority areas is related to more promotion and availability of FP methods in health centers and posts. The CYPs for the MSPAS accounts for acceptance of injectables (53.44%).

Table 2: Number of CYPs in 8 Priority Areas by Target Achieved, MSPAS, 2003

8 Priority Areas	First Quarter			Total		
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MSPAS*	23,089.28	19,393.8	84.0	92,357.13	19,393.8	21.0

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The number of CYPs by method for MSPAS in the 8 priority areas also was measured. 53.4% of CYPs came from injectables, followed by a 36.0% in female sterilization.

Table 3: Number of CYPs in 8 Priority Areas by Method, MSPAS, 2003

FP Method	MSPAS 2003
Depo Provera	10,365.0
Condom	674.8
IUD	710.5
Oral Contraceptives	647.9
AQV-male	0
AQV-female	6,996.0
Total CYPs	19,393.9

The number of CYPs by method for MSPAS and IGSS nationwide was measured (Table 4). The 36.7% came from injectables, in addition to AQV-female acceptance (44.2%).

Table 4: Number of CYPs by Method , MSPAS &IGSS, 2003

FP Method	MSPAS 2003	IGSS 2003
Depo Provera	34,709.5	5,624
Condom	4,043.9	1,215
IUD	4,402.5	1,869
Norplant	305.0	305
Oral Contraceptives	3,838.4	841
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AQV- female	35,552.0	13,101
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New Family Planning Acceptors Nationwide and in 8 Priority Areas

Data provided it's full to January and February, but only 14/26 areas nationwide and 7/8 priority areas from March.

Nationwide, the goal for new FP acceptors was -1.0 percentage points. Some 40.4% of new acceptors prefer Depo Provera nationwide and 53.4% in the eight priority areas. The MSPAS is at -0.8% of its target while IGSS is at -2.8% of its target.

Table 5: New Family Planning Acceptors Nationwide Provided by the MSPAS and IGSS, 2003

Nationwide	First Quarter			Total		
	Target	Achieved	%	Target	Achieved	%
Total	66,251	63,539	95.9	265,004	63,539	24.0
MSPAS*	58,104	56,132	96.6	232,416	56,132	24.2
IGSS	8,147	7,407	90.9	32,588	7,407	22.7

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In the 8 priority areas, the MSPAS achieved its new acceptor goal by +0.01% (Table 14). The number of new acceptors will continue to increase during 2003 as the community level component is rolled-out and AQV support and hospital services are expanded.

Table 6: Number of New Acceptors in 8 Priority Areas by Target and achieved, MSPAS, 2003

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* Preliminary data 7/8 areas, March

The number of new FP acceptors by method for MSPAS and IGSS was measured (Table 7 & 8).Both tables show the amount of new acceptors by institution and by method, specifically, Depo Provera in MSPAS with 69.5% and IGSS with 46.9%.

Table 7: Number of New acceptors by Method, MSPAS & IGSS, 2003

FP Method	MSPAS 2003	IGSS 2003
Depo Provera	38,991	3,414
Condom	5,409	1,414
IUD	592	534
Norplant	-	87
Oral Contraceptives	9,099	541
AQV-male	0	93
AQV-fmale	2,041	1,191
Total New Users	56,132	7,274

Table 8: Number of New Acceptors by Method, MSPAS &IGSS Combined, 2003

FP Method	MSPAS 2003
Depo Provera	42,405
Condom	6,823
IUD	1,126
Norplant	305
Oral Contraceptives	9,640
AQV-male	93
AQV-female	3,232
Total CYPs	63,624

Integrated Child Health-Immunization Coverage

Table 9: Vaccination Coverage for BDG, DPT3, MMR, and Polio3

Vaccination	Target % (per year)	Target Jan-Feb	Achievement Priority Areas (%)	Achievement Remainig Areas (%)
BCG	90	15	22	21
DPT3	90	15	18	17
Polio 3	90	15	18	17
MMR	90	15	19	16

Table 9 shows levels of immunization coverage by Health Area and type of immunization

Polio and DPT: Only 4 areas, Totonicapán, Sololá, San Marcos e Ixil have achieved more than the target of 15%. Quetzaltenango (14%), Chimaltenango 0 and El Quiche (12%) were below their targets.

BCG: All priority areas surpassed their target.

MMR: Totonicapán, Sololá, San Marcos e Ixil have surpassed their target. Chimaltenango con 13%, Huehuetenango with 12%, El Quiché with 14% y Quetzaltenango with 13% did not meet theirs.

Table 10: Immunization Coverage for January and February, 2003 for BCG, DPT3, MMR and Polio in the Priority Areas

Health Area	Less than 1 Year						1-2 Years	
	Polio	Target Coverage Polio	DPT	Target Coverage DPT	BCG	Target Coverage BCG	MMR	Target Coverage MMR
Chimaltenango	12	15	12	15	16	15	13	15
Huehuetenango	12	15	12	15	17	15	12	15
El quiche	12	15	12	15	16	15	14	15
Totonicapán	20	15	20	15	24	15	19	15
Sololá	18	15	18	15	22	15	17	15
Quetzaltenango	14	15	14	15	18	15	13	15
San marcos	23	15	23	15	27	15	21	15
Ixil	32	15	32	15	39	15	39	15
Average for Priority Areas	18	15	18	15	22	15	19	15

Table 11 presents detailed data for the remaining 17 health areas.

Table 11: Immunization Coverage for January and February, 2003 for BCG, DPT3, MMR and Polio for non priority Health Areas

Health Area	Less than 1 Year						1-2 Years	
	Polio	Target Coverage Polio	DPT	Target Coverage DPT	BCG	Target Coverage BCG	MMR	Target Coverage MMR
Guatemala	23	15	23	15	25	15	22	15
El progreso	38	15	38	15	42	15	22	15
Sacatepéquez	13	15	14	15	22	15	13	15
Escuintla	14	15	14	15	16	15	12	15
Retalhuleu	14	15	14	15	20	15	13	15
Suchitepéquez	15	15	15	15	18	15	16	15
Jalapa	13	15	13	15	19	15	13	15
Jutiapa	11	15	11	15	15	15	15	15
Izabal	11	15	11	15	15	15	11	15
Zacapa	14	15	14	15	15	15	14	15
Chiquimula	14	15	14	15	18	15	15	15
Alta Verapaz	15	15	15	15	19	15	16	15
Baja Verapaz	23	15	23	15	28	15	24	15

Health Area	Less than 1 Year						1-2 Years	
	Polio	Target Coverage Polio	DPT	Target Coverage DPT	BCG	Target Coverage BCG	MMR	Target Coverage MMR
Petén norte	13	15	13	15	21	15	14	15
Petén surorinte	23	15	23	15	29	15	27	15
Petén suroccidente	15	15	15	15	15	15	18	15
Ixcán	17	15	17	15	21	15	15	15
Average for rest of country	17	15	17	15	21	15	16	15

Micronutrients

- Review of national literature on neural tube problems associated with folic acid deficiency
- Coordination with INCAP, which is studying toxins in maize that affect neural tube problems and their interference with the absorption of folic acid
- Finalizing contents of the brochure to communicate the new guidelines for use of iron and folic acid in women and children
- Review and updating of multimedia presentation "Guatemala: a Bright Future"
- Coordination with Dr.Viteri, an international micronutrient advisor, for multimedia presentation of the clinical evidence supporting the new guidelines

AIEPI AINM-C Integrated Case Management (AA-MC)

- Organized the presentation of the results of the Ixil Triangle operations research which provided the scientific basis for the official adoption of Minimum Expected Weight (MEW) Table
- Provided technical assistance in negotiating the updating and officialization of new Monthly Growth Monitoring Norms, including the use of the MEW Table, which will be applied nationally, not only in the eight priority Health Areas
- Supported the launching of Nutritional Guidelines for Children under Two Years of Age, which are the regulatory technical framework for the AIEPI AINM-C Strategy
- Provided support for the standardization of training materials and job aids between the two components of the AIEPI AINM-C strategy, introducing the official nutritional guidelines and use of the MEW Table
- Encouraged the official incorporation of representatives from the National Reproductive Health Program into the central-level technical unit responsible for the AIEPI AINM-C Strategy
- Completed the training of ambulatory physicians, nurses and institutional facilitators (FI) in the eight Health Area Directorates
- Initiated community facilitator (CF) training in the eight Health Area Directorates

IO-AEC-PS

- Start-up workshop held in San Marcos
- Negotiate with UE for additional counterpart funds to support OR activities
- Training of trainers in MIC and PP
- Training of providers in MIC
- Design and pretesting of baseline survey instrument
- Baseline data collection completed

1.2. Result 2: Improve Household Health Practices

- The institutionalization in the MSPAS of a package designed as a response to the nutritional crisis and to contribute to the prevention of malnutrition in children: the infant and young child feeding guidelines (for children 0-24 months of age), the monthly growth monitoring and promotion (GMP) sessions conducted by health vigilantes at the community level, and the use of the minimum expected weight (MEW) table to classify growth faltering in children 0-12 months
- Restructuring of the Social Communication and Public Relations Department at IGSS to include an Information, Education and Communication Section in charge of IEC/BCC for affiliates and providers of services, which institutionalizes this support system within IGSS
- After the operations research on GMP, revising, modifying and developing final versions of the following AIEPI AINM-C counseling materials: three sets of counseling cards for promotion and prevention, two flip charts for integrated case management, nine recall leaflets, and one referral leaflet, a weight-for-age growth monitoring poster, a situational room poster, a child card, and the vigilante's notebook
- Complete the revision, modification and final development of the FP flipchart, the "balanced counseling algorithm", 11 FP brochures, and two FP situational room posters
- Distribution of 11 FP and 30 AIEPI AINM-C radio spots to IEC Health Area Coordinators (one for each district)
- Two regular meetings of the GTI-IEC and several extraordinary meetings and a new issue of the news leaflet Actual
- A one-day workshop with 26 IEC Health Area Coordinators and a two-day workshop with eight IEC Health Area Coordinators and eight first-level facilitators in priority areas
- The initiation of negotiations with private companies to print additional quantities of IEC materials
- Development of short news articles on IEC/BCC achievements to be published by URC and of an abstract on the Growth Monitoring and Promotion Operations Research submitted for presentation at an international meeting
- Coordination and planning meetings with all relevant counterparts (including new counterparts at the Social Communication Unit and the PNSR) to share IEC/BCC work plans for year 2003

1.3. Result 3: MCH and NGOs are Better Managed

Logistics

- Training of NGO staff in logistics administration
- Training in logistics administration for personnel from the *Unidad de Monitoreo, Supervision, y Evaluación* (USME)
- Advancement in the drafting of the logistics manuals for the MSPAS and IGSS
- Implementation of a simplified computerized system for managing logistics information as a component of the SIGSA-SUI within the MSPAS
- Performing the first national inventory of contraceptives
- Implementing the first quarter field visits to provide technical support to the logistics personnel from the DAS
- Publishing quarterly logistics bulletin

Monitoring and Evaluation

- Process of transferring SAM to the MSPAS (UPS1-SIGSA) was reactivated
- Proposal for a monitoring system for AIEPI AINM-C was developed
- Design of an application for internal monitoring of *Calidad en Salud* was developed
- UPS1 information systems were strengthened through the development and restructuring of SIGER
- Support was provided to other NGOs including to design and implement a computer-based information system

Planning and Programming

- *Calidad en Salud*/USAID worked with the *Unidad Ejecutora* and the PNSR during this quarter to advocate and negotiate with the *Unidad de Planeación Estratégica* (UPE), the *Dirección de Regulación, Vigilancia y Control de la Salud*, and the Minister of Health for the implementation of a system, or improvement process, to integrate FP, AIEPI AINM-C and Support Systems activities within a single Annual Operating Plan (POA) for 2004.
- The technical teams in the Health Areas held monthly programming (POA 2003) meetings to implement actions for each componente at the district and hospital levels, and conducted evaluations and negotiations to achieve the instituationalization of these activities. This exercise was conducted in the Health Areas of Quiche, Sololá, San Marcos and Ixil and the experience was shared with other Health Areas.
- Follow-up was given to the proposal to develop a system of planning and programming (a sub-system of POA), with the Office of Programming of the UPE and SIGSA, extending their commitment to incorporate *Calidad en Salud* and the *Unidad Ejecutiva*'s experience with planning at both the central and local levels.
- A monitoring visit to the Area of Ixil was conducted to provide technical assistance for the purpose of reviewing their POA, mapping existing projects and actions, evaluating the results of the 2002 cooperation, presenting these results by component, identifying problems, analyzing causes and proposing solutions, using quality assurance tools and methodologies.

- Visits to four health care delivery sites in the Area of Sololá (a *centro comunitario*, health post, health center and hospital) were conducted, to monitor the implementation of *Calidad en Salud* programs, specifically supporting the follow-up plan for family planning developed by the department hospital.

- The development and review of the Plan for Improving the Institutionalization of Quality was initiated this quarter and will be implemented during the month of May with the participation of the Director of the Internacional Division of URC, the Sub-Director of the Quality Assurance Project (QAP) and a QAP consultant from Nicaragua.

Facilitating Supervision

- Design supervision tools and system for community-based activities

- Incorporate changes to the supervision instruments for Health Areas, Districts and Health Posts based upon test results from evaluation carried out in 2002

- Initiate modification and contents of a university-level course in Health Service Management

Finance and Administration

- Transfer of counterpart funds in the amount of Q.8,274,611.00 to PNUD to administer and manage project funds

- Allocation of government funds in the amount of Q. 841,736.63 to UNFPA to administer and manage funds for the purchase of a variety of contraception methods

- Together with the UE visits were made to the eight Health Areas to review supporting documentation on expenses incurred with counterpart funds

1.4. Result 4: Community Participation and Empowerment

Community Participation Model

- Documentation of the process of training and implementation of the four step community participation model methodology in the Chimaltenango Health Area was conducted

- Training of personnel from two NGOs in the four steps Community Participation Methodology was conducted in Huehuetenango

AIEPI AINM-C Promotion and Prevention (AA-PP)

- Training of Institutional Facilitators as trainers of community personnel (Vigilantes de Salud) in the Promotion and Prevention component

- Training of Outpatient Doctors and Institutional Facilitators in the Logistical System for medicines and contraceptives

- Design and validation of the manual for trainers of community personnel in the Promotion and Prevention component

- Integration of the technical personnel from the National Reproductive Health Program into the central-level AIEPI AINM-C technical team

- Inter-institutional coordination to strengthen the system for monitoring and supervision facilitation

- Review and definition of indicators for the two components of the AIEPI AINM-C strategy
- Review of tools for creating the Annual Operational Plan for 2004, with regular funds from the MSPAS
- Creation of nuclei of trainers in AIEPI AINM-C at central level, areas, districts and NGOs that are providers or administrators Guidelines for growth monitoring and promotion by Health "Vigilantes"
- Development and launching of new national norms for growth monitoring and promotion using the minimum expected weight (MEW) Table

1.5. Result 5: Increased Use of MCH Services by IGSS

- 2003 training plans for FP, IMCI and AINM-C were incorporated into the POA of the Training and Development Division of the Human Resources Department
- Chairman of the Board of Directors and the Medical Subdivision were offered technical assistance to extend coverage of the *Maternidad y Enfermedad* program nationwide
- IGSS has approval to print the manual of guidelines for FP provision of services
- 30% of services offer natural methods as a new option to allow time between pregnancies
- 26 residents from the *Gineco Obstetricia* postgraduate program were trained in counseling, in the use of the guidelines manual and in the provision of services

AIEPI AINM-C

- 85% of childcare service providers have been trained in the strategic application of IMCI
- Induction *of Materno Infantil* personnel in the AINM-C

IEC

- 100% of services have FP and IEC material and 60% have IMCI material
- Department of Social Communication and Public Relations (which includes IEC) was created by Agreement of the Board of Directors
- First IGSS-*Calidad en Salud* Information Bulletin was produced

Support Systems

- Authorization was obtained for "*Manual de Normas y Procedimientos de Logística de Anticonceptivos del IGSS*" and "*Marco Conceptual para el Sistema de Administración Logística de Anticonceptivos del IGSS*" (according to Management Agreement No. 10/2003, March 25).
- 56 members of supervision and personnel of medical and internal auditing were trained in supervision facilitation

2. MSPAS RESULTS

2.1. Result 1: Increase in the Use of Mother and Child Health Services provided by the MSPAS and its Partner NGOs

- Community Health Agents Provide Quality Care
- Health Facilities Provide Quality Maternal Child Health Services
- Innovative Approaches for Improving the Quality and Coverage of Maternal Child Health Services are Adopted

2.1.1. Family Planning Results

The following is a summary of monitoring results including couple years protection (CYP) and new acceptors of family planning (FP) methods both nationwide and in the eight priority areas.

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IUD	1,126
Norplant	305
Oral Contraceptives	9,640
AQV-mMale	93
AQV-female	3,232
Total CYPs	63,624

In the first quarter of 2003 substantial progress was made in FP, especially in the standardization of the latest version of the FP service provision norms. The delivery of surgical equipment to health centers and posts, particularly for IUDs, improved. In hospitals, the provision of surgical equipment for AQV procedures continues and has coincided with the training in service delivery, in turn improving the provision of services. The capacity for collection, management, analysis and decision-making based on information related to FP also has improved through the technical assistance provided to the main service units at the central level of the MSPAS, SIAS, PNSR and Human Resources. Finally, the logistics component achieved improvements in the supply of contraceptives. This achievement has facilitated the measurement of demand for contraceptive methods throughout the service system.

Organization of Reproductive Health and Family Planning

During the first quarter of 2003, the recently appointed Minister of Health announced the PNSR goals for the year to MOH staff and the press, an announcement supported by Dr. Roberto Santiso, Director of the PNSR. These goals were established based on the results of data collected in 2002 including the data on population of reproductive age and data on access to FP providers. Each of the 8 priority areas established its individual goals using these same criteria.

The Director of UPS 1 declared his support for the implementation of FP through the Extension of Coverage nationwide. The strategy is to provide technical assistance in the implementation of an algorithm, a trouble-free methodology in addition to the improvement of access to services through a contraceptives distribution system managed by APROFAM.

The availability of AQV services was strengthened during this quarter. *Calidad en Salud* developed a national AQV family planning program concept paper aimed at standardizing the performance of the MOH personnel involved in AQV services including admission, documentation and support processes for all the potential clients to the AQV program. The strategies are intended to improve workforce performance, update norms, and increase access through an improved scheme of referrals from community-level amenities to hospitals.

Ongoing TA to the PNSR

Calidad en Salud FP staff continued to provide organizational and management assistance related to planning next year's FP client centered program that includes: management based on accurate information, team building and updating AQV norms, referral system, promotional strategies, mass media messages and also methodology transference and needed supplies projections. One remarkable accomplishment was the publication of a ministerial

decree officially creating the PNSR (March 4). *Calidad en Salud* staff provided monitoring at the field level and training support to the PNSR and the UE, as well as SIAS, at both the central and local levels.

Training (See annex C)

Personnel were trained in service delivery improvement, focusing on management of side effects, tools and technical support for immediate delivery of the method of choice. During this year our efforts will be seated to train the providers in a new counseling methodology based in Operations Research developed by the Population Council.

A total of 813 were trained in FP related topics (270 physicians, 61 professional nurses and 225 auxiliary nurses). A trainer's (facilitator) guide for FP Post Partum & Post Abortion services, and a mini guide for FP provision were produced.

This quarter saw the in-service training in FP delivery of staff from 15 hospital, 22 health centers and 29 health posts.

AQV: Five physicians and 7 nurses were trained to provide a comprehensive family planning and female sterilization program at the local level. The training methodology consisted of tutorials utilized in one hospital (Cuilapa). Staffs at thirty hospitals received follow up tutorial training on AQV.

IUD: 83 auxiliary nurses from 6 health areas (Suchitepéquez, Retalhuleu, Peten, Zacapa, Izabal and Guatemala), have been trained in IUD insertion. IUD insertion rates have increased in these health areas, especially Guatemala Health Area that doubled the number of IUD insertions from 56 in January to 118 in February. It is expected that with the support of new equipment and IUD insertion by auxiliary nurses, a greater increase in insertion rates will be seen. During next quarter *Calidad en Salud* will review the training methodology in order to improve results and create a user-friendly and efficient training course.

87 final year medical students from the University of San Carlos located in Guatemala City were trained in FP including IUD insertion. An agreement was signed to guarantee follow-up of activities at the practice sites of the students during the course of the year. 31 first-year Ob-Gyn residents from the San Juan de Dios Hospital and Cuilapa were trained and starting in 2003, all OB Gyn residents will be trained and capable of inserting the Copper T IUD.

Norms and guidelines

A new assessment tool named Family Planning Situational Room, was developed and validated with health personnel. This tool was created to facilitate analysis of FP services provided (new acceptant and distributed methods) and will serve as the basis for determining the efforts needed to accomplish programmatic goals and improve services.

During March, *Calidad en Salud* provided technical assistance to develop a set of guidelines to regulate Family Planning Service provisions related to delivery and post abortion care. Guidelines were also developed for the monitoring of and referral for secondary effects from use of contraceptive methods (Sistema Nacional de Vigilancia de PF). These guidelines were revised by a technical committee and are in the process of being modified and approved by the decision-making personnel from the MOH and PNSR. Next quarter, a new set of guidelines will be created to regulate FP provision of services to teenagers and to women over 35 years of age.

Teenagers clinic at *San Juan de Dios* Hospital

Calidad en Salud provided technical assistance and support to establish a teenagers clinic at San Juan de Dios Hospital. The clinic opened in January. The clinic provides FP services for teenagers age 10 - 19. A professional staff consisting of two female Obstetrician/ecologistis, one professional nurse, four female psychologists, one pedagogue, one pediatrician, one pediatric dentist and two secretaries runs the clinic. The number of patients that attended the clinic in January was 75 and grew to 322 patients in February. The staff began to provide FP methods after receiving a training course by *Calidad en Salud* personnel. The most commonly attended health problems

included: vulvovaginitis, dermatitis, trauma, FP, psychological orientation, headache and growth monitoring. *Calidad en Salud*, in coordination with PNSR, is developing a set of norms to provide FP methods at the clinic. During the next quarter *Calidad en Salud* will help to foster sharing of ideas between the clinic staff and the IGSS teenagers' clinic personnel.

Equipment for FP During 2,003 First Quarter

Calidad en Salud provided 4 IUD insertion kits (to Retalhuleu Hospital, Suchitepéquez Hospital, Chiquimula Hospital, Escuintla Hospital), and 3 non-scalpel vasectomy kits (Chiquimula Hospital, Cobán Hospital and Santo Domingo Health Center).

Some auxiliary equipment such as "Goose Neck Lamps", sterilization pots, small propane stoves and oscillating fans were donated to three hospitals, four health centers and one health post. These donations were made in order to be able to meet increased demand for FP services created by IEC activities and by the training of health personnel in FP promotion.

Limitations

- The FP Program in the MSPAS needs to be strengthened in order to promote institutionalization of FP activities. At present, most of the FP activities rely on donor and/or counterpart funds.
- Leadership for the FP component of reproductive health has not been stable since the launching of the PNSR, and effective leadership is still lacking. MOH staffs in the UE still have limited FP program development skills and experience.
- The new authorities of the MOH do not support FP activities politically. This could represent an obstacle to strengthening and institutionalizing FP services, planned for 2003.
- Although substantial improvements are being made in the logistics system, low stocks of contraceptives at service facilities continues to be a barrier to expansion of FP to new users (particularly for Depo-Provera).
- The MSPAS information system continues to be an obstacle for decision-making, as information data arrive late and are often incomplete.

2.1.2. Child Health (Clinical IMCI) Results

The component of IMCI accomplished the following:

- Training in *tutoría* of 64 members of area technical teams, using the revised *tutoría* instrument developed by MSPAS
- Tutoring of 166 providers
- Analysis of evaluation data resulting from tutoring visits
- Improved coordination between *Unidad Ejecutora* and ETANA
- Improved coordination between technical IMCI teams and IEC teams

Monitoring results

National Immunization coverage

Table 20: Vaccination Coverage for BDG, DPT3, MMR, and Polio3

Vaccination	Target % (per year)	Target Jan-Feb	Achievement Priority Areas (%)	Achievement Remainig Areas (%)
BCG	90	15	22	21
DPT3	90	15	18	17
Polio 3	90	15	18	17
MMR	90	15	19	16

Table 21 shows levels of immunization coverage by Health Area and type of immunization

Polio and DPT: Only 4 areas, Totonicapán, Sololá, San Marcos e Ixil have achieved more than the target of 15%. Quetzaltenango (14%), Chimaltenango 0 and El Quiche (12%) were below their targets.

BCG: All priority areas surpassed their target.

MMR: Totonicapán, Sololá, San Marcos e Ixil have surpased their target. Chimaltenango con 13%, Huehuetenango with 12%, El Quiché with 14% y Quetzaltenango with 13% did not meet theirs.

Table 21: Immunization Coverage for January and February, 2003 for BCG, DPT3, MMR and Polio in the Priority Areas

Health Area	Less than 1 Year						1-2 Years	
	Polio	Target Coverage Polio	DPT	Target Coverage DPT	BCG	Target Coverage BCG	MMR	Target Coverage MMR
Chimaltenango	12	15	12	15	16	15	13	15
Huehuetenango	12	15	12	15	17	15	12	15
El quiche	12	15	12	15	16	15	14	15
Totonicapán	20	15	20	15	24	15	19	15
Sololá	18	15	18	15	22	15	17	15
Quetzaltenango	14	15	14	15	18	15	13	15
San marcos	23	15	23	15	27	15	21	15
Ixil	32	15	32	15	39	15	39	15
Average for Priority Areas	18	15	18	15	22	15	19	15

Table 22 presents detailed data for the remaining 17 health areas.

Table 22: Immunization Coverage for January and February, 2003 for BCG, DPT3, MMR and Polio for non priority Health Areas

Health Area	Less than 1 Year						1-2 Years	
	Polio	Target Coverage Polio	DPT	Target Coverage DPT	BCG	Target Coverage BCG	MMR	Target Coverage MMR
Guatemala	23	15	23	15	25	15	22	15
El progreso	38	15	38	15	42	15	22	15
Sacatepéquez	13	15	14	15	22	15	13	15
Escuintla	14	15	14	15	16	15	12	15
Retalhuleu	14	15	14	15	20	15	13	15
Suchitepéquez	15	15	15	15	18	15	16	15
Jalapa	13	15	13	15	19	15	13	15
Jutiapa	11	15	11	15	15	15	15	15
Izabal	11	15	11	15	15	15	11	15
Zacapa	14	15	14	15	15	15	14	15
Chiquimula	14	15	14	15	18	15	15	15
Alta Verapaz	15	15	15	15	19	15	16	15
Baja Verapaz	23	15	23	15	28	15	24	15
Petén norte	13	15	13	15	21	15	14	15
Petén surorinte	23	15	23	15	29	15	27	15
Petén suroccidente	15	15	15	15	15	15	18	15
Ixcán	17	15	17	15	21	15	15	15
Average for rest of country	17	15	17	15	21	15	16	15

Tutoring

Tutoring is an essential component of performance improvement of providers. The tutoring is part of the process to improve performance by assisting trained personnel in their jobsite to apply their new knowledge and skills. Each trained staff member is supposed to receive one tutoring visit. The implementation of the tutoring has been slow because the MSPAS decided to revise the tutoring instrument which was developed last year and which was used to train the technical supervisors in all areas. Last year 20% of providers received a tutoring visit.

In this quarter the areas were retrained in the new tutoring instrument and an additional 166 providers in Chimaltenango, Quetzaltenango, Huehetenango and Totonicapán received a tutoring visit. It is encouraging that there has been significant acceleration of tutoring implementation after the initial slow start last year.

Clinical IMCI

Performance of Providers

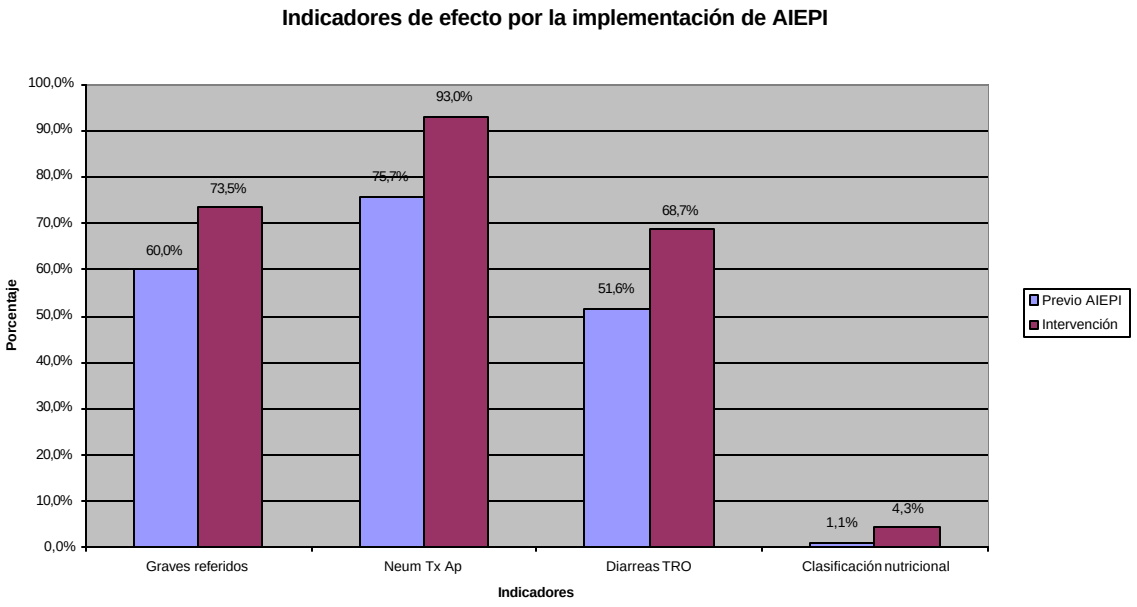
During the tutoring visit data are being collected on performance of health care providers. Of the 166 providers visited, 73% met the criteria of performing according to the protocol in four processes: evaluation, classification, treatment and counseling. The following table shows the data for each of the four areas. The lowest percentage of personnel was found in Huehuetenango with 38.9%, while over 80% of personnel follow the IMCI protocol correctly in Quetzaltenango and Totonicapán.

Table 23: Tutoring and IMCI Performance of Health Personnel in Four Areas

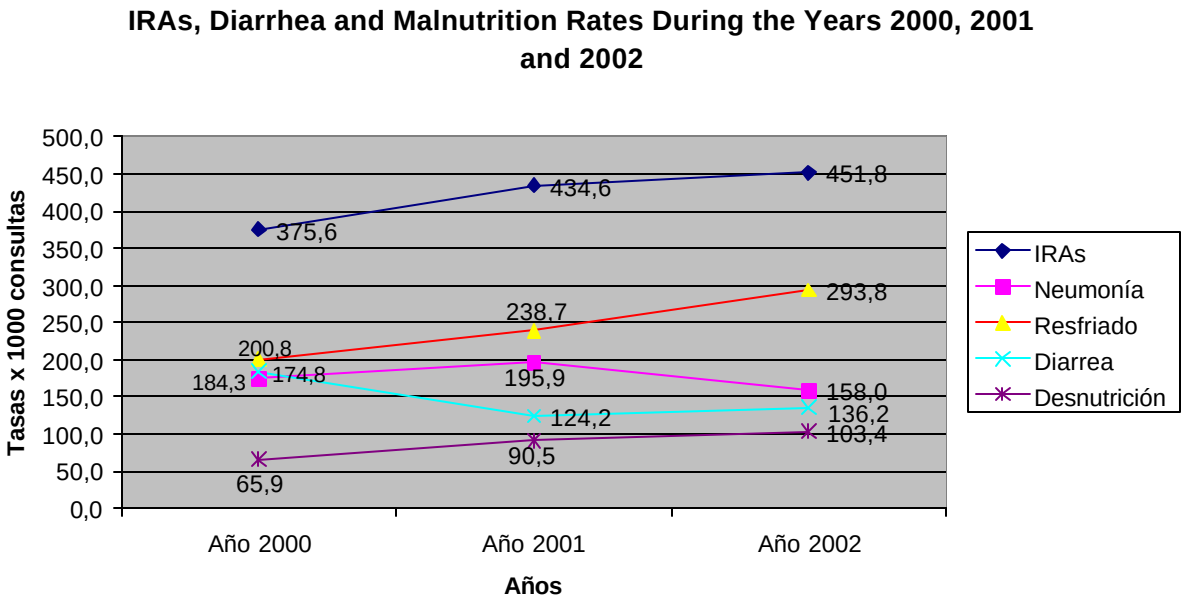
Health Area	No. of Personnel Tutored from Jan 1 to March 31, 2003	Number of Tutored Personnel who Follow IMCI Protocol	% of Tutored Personnel who Follow IMCI Protocol
Chimaltenango	8	7	87.5
Sololá	13	9	69.2
Quiché	19	14	73.7
Ixil	4	3	75.0
Quetzaltenango	6	5	83.3
Totonicapán	18	15	83.3
San Marcos	80	61	76.3
Huehuetenango	18	7	38.9
Total	166	121	72.9

An additional analysis of the impact of IMCI training on health worker performance was carried out comparing SIGSA 3 data from 2000 and 2002. Data from SIGSA do not provide information on actual performance, but represent information on number of cases diagnosed. The assumption being made in this analysis is that the increase in diagnosis for pneumonia, acute diarrheas as well as number of cases referred reflects enhanced knowledge and of providers and adherence to clinical algorithm.

Data presented in the following data are for the period of July-September 2002, compared with the same period for 2000. Number of cases in 2000 was 9,112, in 2002 9458.



The hypothesis of enhanced performance is further underscored by the fact that the number of cases recorded for acute respiratory infections and colds increased from 2000 to 2002, yet the number of cases of pneumonia decreased, indicting better diagnosis and more appropriate treatment.



These analyses, while useful, indicate the importance to develop a system of monitoring quality of health worker performance. The planned start-up of quality improvement activities next quarter will contribute significantly in this regard.

Supplies

To be able to carry out the IMCI protocol correctly, equipment, drugs and health education materials must be available. The tutors were instructed to assess the availability of these materials during their tutoring visits. Of 126 health centers visited 72% had all the basic equipment (refrigerator for vaccines, watch to count respirations, pediatric scale) and essential drugs (Amoxicillin, SRO, Vitamina A, Iron, Albendazol, Cloroquine, Primaquine y Acetaminophen) 100% had the support materials (medical records for children <2 months and for children 2 months<>5years and the "cuadro de procedimiento"). Not all health centers had all the counseling materials.

Coordination with *unidad ejecutora*

The *Unidad Ejecutora* in collaboration with staff from *Calidad en Salud* analyzed the results of the assessment of IMCI implementation (as part of tutoring) and reviewed communication and coordination between ETANA at central level MSPAS and the area and district technical teams. Results indicated important areas for improvement such as improved supply of essential drugs, acceleration of the implementation of tutoring; improved coordination of IEC and technical teams both at district, area and national levels.

Constraints

The number of ETANA meetings for coordination, planning and execution of activities has been reduced, which has created a delay in the improvement of tutoring coverage by the area and district technical teams.

Despite monthly planning, 27% of trained personnel have still not received tutoring. This indicates insufficient awareness, planning and monitoring by the area-level management teams.

Shortage of basic medicines for IMCI, due to lack of regular funds, problems in the open contract for some drugs including antibiotics and lack of appropriate scheduling of medicines by areas and districts.

Shortage of counseling materials for supporting service providers to improve their skills.

Difficulties in systematic tabulation of effect indicators by post and center personnel, despite being documented in SIGSA 3. Recording only one reason for consultation in SIGSA 3 does not permit documentation of other important reasons, such as growth monitoring. A systematic analysis of indicators of entry, processes, effect and impact of IMCI in the monthly meetings of the Area Technical Councils would enable them to analyze and make decisions in a teamwork environment.

2.1.3. AIEPI AINM-C Case Management (AA-MC) Results

Introduction

The Integrated Case Management (MIC) component of the AIEPI AINM-C strategy contributes directly to all three stated objectives under Result 1: Community health agents provide quality care; Health facilities provide quality maternal child health services; and Innovative approaches for improving the quality of coverage of maternal child health services are adopted. The training and various job aids that have been developed, tested and introduced for MIC provide members of the PEC Basic Health Team (MAs, FIs, and FCs) working in *centros communitarios* with the tools needed to conduct integrated, standardized and quality management of the cases that they deal with in the two most critical population groups - women of reproductive age and children under five.

This component of AIEPI AINM-C is also closely related to health promotion and disease prevention component, as well as community participation, since both are fundamental to the achievement of its main objectives: reduction of morbidity and referral of serious cases to higher levels of care.

The main results under this component during the first quarter of 2003 include the standardization of all training materials and job aids with the introduction of the new monthly growth monitoring norms (reflecting the use of the MEW Table) and the new guidelines for the weekly supplementation of iron and folic acid. Another major accomplishment was the completion of the training of PEC ambulatory physicians, nurses and institutional facilitators by the corresponding Health Area teams.

Introduction of MIC

During the current quarter, progress was made in the process of introducing the following aspects of Integrated Case Management: a) active participation of two members of the National Reproductive Health Program on the central level team; b) modification of the national growth monitoring norm for children under two (monthly monitoring for children under two, use of minimum expected weight table for children under one year old and weight trend for children over one year old) and c) use of counterpart funds for training community facilitators working with PEC NGOs in the eight Health Areas in MIC.

Planning and Coordination

In the planning and coordination aspects, adaptation of training and counseling materials to reflect changes in national norms was completed. Also, the results of the operations research on the Minimum Expected Weight Table conducted in the Ixil Area were presented and officially adopted by the Ministry of Health. The launching event was partially financed by *Calidad en Salud*, with the agreement that all organizations and NGOs carrying out activities related to maternal and child health were invited, since they were interested in hearing the research results and the official authorization of the MEW table.

In addition, improvements were made in the design of the MIC protocol algorithm for women. Changes in the name of the two graphic algorithms and the contents of the integrated case management protocols were reviewed with experts from the National Reproductive Health Program (PNSR) and the *Unidad Ejecutora*.

Materials

With the participation of representatives from the *Unidad de Provision de Servicios 1* (UPS1) and the PNSR, final changes were made this quarter in the MIC-related training manuals and job aids. The content of the manuals was simplified to correspond with the educational level of the community facilitators. Other changes included the modification of the MIC protocol algorithm for women, the presentation of counseling materials as flip charts (rather than laminated cards) for simpler handling, and the separation of ambulatory physician and community facilitator training materials.

Equipment

Delivery of small flashlight (with AIEPI AINM-C strategy logo) began to Health Areas, for use in throat examinations. Distribution was carried out according to the number of community facilitators being trained as MIC providers. The total number of flashlights distributed during this quarter was 477.

Training

During the current quarter, training of trainers (who are often providers) was completed, with 100% of the ambulatory physicians, nurses and institutional facilitators in the eight Health Area trained. Also, the training of community facilitators as MIC providers was initiated in the eight Health Areas. A table summarizing MIC-related training can be found in Annex C. A total of 383 personnel participated in different training sessions this quarter, including 213 community facilitators and 127 ambulatory physicians or nurses.

Monitoring and Supervision

During this quarter, it was agreed that the same method would be used for monitoring AIEPI AINM-C MIC at the service level (in *centros comunitarios*) as the MSPAS has proposed for IMCI, adapting the monitoring tools as necessary and incorporating the material on women's case management which is not part of IMCI.

Some teamwork also took place to establish indicators for the AIEPI AINM-C strategy. (See Result 3 for details.)

Operations Research on the Extension of Coverage Models

Training

In coordination with the operations research team and the Health Area Directorates, support was provided for the training of the team of 24 trainers in the AIEPI AINM-C integrated case management component. The Health Area Directorate trainers' weaknesses were addressed and specific recommendations were made to improve their overall training performance. This process also included the participation of 15 community facilitators.

Materials

Support was provided by supplying integrated sets of all the necessary materials for training the 24 trainers and the 15 community facilitators. A sufficient number of "registration sheets" were distributed to allow FCs to begin using the integrated case management approach following their training.

Limitations of AIEPI AINM-C Integrated Case Management Component

- The regulations related to community facilitators carrying out integrated case management are a little "weak," and need to be clarified and strengthened.
- Given the workload at the central level for both *Calidad en Salud* and MSPAS personnel, it has been impossible to supervise the community facilitator training processes.
- Additional changes in the integrated set of interpersonal communication and counseling job aids for the promotion and prevention component of AIEPI AINM-C have led to delays in the finalization of the designs of the MIC protocol algorithms since the images/graphics and technical content need to be consistent.
- The monitoring methodology proposed by the MSPAS does not include all the elements necessary for MIC, so the changes proposed by Calidad en Salud (verifying that each step in the algorithm including counseling is carried out) will be tested.
- Planned follow-up activities have been delayed, so it is difficult to determine how many of the ambulatory physicians and institutional facilitators that were trained are actually providing integrated case management.

2.1.4. Micronutrients Results

The workplan for 2003 includes a special activity related to the promotion of micronutrients, especially iron and folic acid, a decision that was made in coordination with PROSAN in order to respond to recent changes in international norms. In order to strengthen the work on micronutrients, INCAP was invited to join the working group on micronutrients. An international consultant assisted with the review of the new guidelines and specific recommendations were subsequently included (i.e., data on neural tube problems compiled in national hospitals).

Planning and coordination

Emphasis in this quarter was on the planning for the approval, dissemination and training of health personnel in the new clinical guideline for iron and folic acid supplementation for women and children under five. A critical decision relates to the single launching of new guidelines, combining the new guidelines for folic acid and iron supplementation with the new minimum expected weight table for children under one and breastfeeding promotion guidelines. As a result, the following actions have been planned. Dissemination of the new norms is planned for April 2003.

Norms

During the first quarter, there has been coordination with PROSAN and the UPS 3 to review and update the guidelines for the promotion of breastfeeding and infant feeding. This effort has reinforced the work implemented at the community level in micronutrients and growth monitoring as part of the AIEPI AINM-C strategy.

The guidelines contain new basic norms, such as:

- Begin breastfeeding within the first half hour after birth
- Keep mothers and newborns together
- Encourage breastfeeding whenever the baby wants it
- Stay away from using feeding bottles or pacifiers
- Teach mothers to maintain production of milk even if separated from their babies

These guidelines are summarized in the "Friends of Breastfeeding Health Services Initiative".

SIGSA

In the first quarter, iron and folic acid supplementation have been recorded on the new children's cards. A proposal has also been developed to include in SIGSA 12 a box in which midwives can record neural tube problems presented by children whose births they assisted.

Equipment

Computer equipment was donated to PROSAN, consisting of a computer, printer, USB and CD burner. The *UE* was able to provide another computer.

Training

Progress was made to implement the new micronutrient guidelines by incorporating them in all of the training processes of MIC and AIEPI AINM-C. (See IMCI training table).

Materials

A brochure was developed outlining the new guidelines for iron and folic acid use in women and children. The norm for weekly micronutrient supplement has been incorporated into all materials of the integrated case management component of AIEPI AINM-C

Monitoring and Supervision

In the first quarter, it was agreed that monitoring and supervision for compliance with the new guidelines on micronutrients will be incorporated into the general system being developed for the country.

Limitations

- There are no records at local or national levels of neural tube problems.
- There is no way, at this time, to record iron and folic acid supplementation in children under 5.
- It is not possible to incorporate supplementation records into the SIGSA data for 2003.

2.2. Result 2: Adoption of Health Practices within the Home which Favor Child Survival and Reproductive Health

- Increased capacity of the MSPAS and its partner NGOs to design, plan, implement and evaluate behavior change interventions
- Improved health practices in the home through behavioral change interventions

2.2.1. Summary of IEC/BCC Objectives and Strategies

Result 2 corresponds to the IEC/BCC component of *Calidad en Salud*, with two major objectives, one at the MSPAS and partner NGO central level and the other at the operative (Health Area, health services and community) level. The first objective, increased capacity of the MSPAS to design, plan, implement and evaluate behavior change interventions, focuses on institutionalizing a strategic multimedia approach to health communication interventions for behavior change. Meeting this objective has proved challenging and requires additional efforts in 2003. During this quarter, *Calidad en Salud's* IEC/BCC team has continued to work closely with two specific communication-related units, various programs of the MSPAS, and through an inter-institutional and inter-agency group known as the GTI-IEC[1], providing technical assistance, administrative coordination and financial support for the development of IEC materials and the execution of strategies. The GTI-IEC has met twice during 2003 to plan for review of materials under production as well as user's guides, and for planning workshops to develop two complementary IEC/BCC strategies for men and adolescents, respectively. There were also two extra-ordinary meetings held to present results of the Population Council's study on male participation in reproductive health and Save the Children's study on adolescent views on reproductive health. Finally, changes that occurred in the MSPAS counterparts and the intense production schedule related to the development of the new materials required that the *Calidad en Salud* IEC/BCC team also meet individually with different MSPAS programs and NGOs to discuss this year's work plan and specific technical issues.

The second objective, improved health knowledge, attitudes and practices of women of reproductive and mothers of children less than 5 years in the home through behavior change interventions, is being addressed through technical assistance to the MSPAS in the design and execution of three inter-related IEC/BCC strategies for family planning, IMCI and, especially, AIEPI AINM-C (which combines two distinct components - integrated case management and promotion and prevention). Through the GTI-IEC, *Calidad en Salud* is also influencing the programmatic focus of other member organizations. At the institutional level the IEC/BCC strategies for FP and IMCI focus on improving

[1] GTI-IEC members include the Communication Unit, and the Promotion and Health Education Department of the MSPAS, other MSPAS programs as needed, *Unidad Ejecutora* , ADEJUC/ Promasa, American Red Cross, APROFAM, CARE, CELSAM, CRS, HOPE, IGSS, Population Council, *Pro Redes Salud*, Save the Children, SHARE, UNICEF and *Calidad en Salud*.

interpersonal and intercultural communication and counseling (IPC/C) between providers and users in hospitals, health centers, health posts and community centers. These IEC/BCC strategies also support national campaigns scheduled by the MSPAS and special events during international and national celebrations. The community promotion and prevention component of the AIEPI AINM-C strategy is based on all six IEC/BCC tactics that have been developed under *Calidad en Salud's* integrated communication strategy: 1) mass media (radio), 2) IPC/C between community providers and caregivers during both growth monitoring and promotion (GMP) sessions and home visits, 3) group communication during group and community sessions, 4) special campaigns designed and scheduled by the MSPAS, but requiring local adaptation, 5) educational entertainment during local events and festivities, and 6) community mobilization and participation linked to *Calidad en Salud* Result 4. These IEC/BCC sub-strategies or tactics have been described in detail in manuals and previous reports.

The main achievements for this quarter included the institutionalization of the integrated package designed to contribute to preventing malnutrition in infants and young children: breastfeeding and complementary feeding guidelines (for children 0-24 months of age), for which *Calidad en Salud* provided technical assistance in 2001-02; the monthly growth monitoring and promotion (GMP) sessions conducted by health vigilantes (promoters) at the community level; and the use of the minimum expected weight (MEW) table to classify growth faltering in children 0-12 months. Following the operations research on GMP, revising, modifying and developing a final version of the AIEPI AINM-C counseling materials was accomplished, including: three sets of promotion and prevention counseling cards, two integrated case management flipcharts, nine recall leaflets and one referral leaflet, a weight-for-age growth monitoring poster, an AIEPI AINM-C sala situacional poster, a child card, and the vigilante's notebook. The FP flipchart, the "balanced counseling" algorithm, 11 FP brochures, and two FP sala situacional posters were completed and sent out for printing (the *Unidad Ejecutora* will be printing the revised FP brochures). The distribution of 11 FP and 30 AIEPI AINM-C radio spots, users' guides and a communication booklet with key messages for all MSPAS priority programs to IEC Health Area Coordinators (one for each district) was carried out. Also, discussions were initiated to explore a possible public/private partnership to print additional quantities of IEC materials for the MSPAS - 50,000 vaccination brochures.

Under the IEC/BCC component of Result 5, the main achievement for IGSS was the institutionalization on January 23 of a Health Communication Section with five staff members within a re-structured Social Communication and Public Relations Department. Main achievements in IEC/BCC were presented in the form of short news articles to be published by URC and an abstract on the Growth Monitoring and Promotion Operations Research was produced and submitted for presentation at an international meeting.

2.2.2. General IEC/BCC Capacity Building

General

The beginning of year 2003 again saw changes in key MSPAS actors, including two of the IEC/BCC counterparts, the director of the Social Communications Unit and the IEC/BCC counterpart in the National Reproductive Health Program. Also, a communicator from the *Unidad Ejecutora* has again been assigned to work with the IEC/BCC team. Although changes were regarded as positive, additional orientation time was required to review the IEC/BCC theoretical framework, strategies, products, and the on-going production process with the new counterparts. The IEC/BCC team also conducted meetings with all other counterparts to share work plans for 2003, including a proposal to establish a Communications for Social and Behavioral Change Unit within the MSPAS, that could breach the gap between the present Social Communication and Public Relations Unit in charge of public relations and mass media and the Department of Health Promotion and Education (PROEDUSA) mostly focusing on community organization and participation through Municipalities. However, coordination between the Social Communication, PROEDUSA, the National Reproductive Health Program, and the *Unidad Ejecutora* still needs to be strengthened and the fundamental role of IEC/BCC better appreciated.

The IEC/BCC component participated in meetings with the MSPAS units and programs, such as the Health Services Provision Units 1 and 2 (UPS1, UPS2), the PNSR, the National Immunization Program, and the Nutritional and Food Security Program (PROSAN) to review IEC FP and AIEPI AINM-C materials to obtain approval before

printing. A copy of all materials was provided to PROSAN for an exhibition at a Food and Nutrition Security Fair that took place in the Costa Rica-Panama frontier.

Since PROSAN was the only program against the decision to use a modified minimum weight table (MEW) for classifying infants' growth during the first year of life, this quarter new meetings were scheduled and held with this program, until agreements were reached regarding: 1) use of the MEW table by vigilantes in GMP sessions; 2) the child card; and 3) the vigilantes notebook to record child weights and promotional activities. However, the GTI-IEC was not asked to review a series of four brochures on complementary feeding that were printed by PROSAN with financial assistance from UNICEF and whose messages and art are not altogether consistent with those of the AIEPI AINM-C counseling materials. *Calidad en Salud* participated in the launching of the infant and young child feeding guidelines, the MEW table and monthly growth monitoring and promotion at the community level on February 14, 2003.

As mentioned, the FP and AIEPI AINM-C sub-groups of GTI-IEC continued with monthly, or more frequent, meetings during this quarter. New printed material for FP and AIEPI AINM-C and the design for new materials and strategies were presented and individual technical advice was given to several members of GTI-IEC (notably, to the Population Council regarding male participation in reproductive health, IUD counseling, and balanced counseling algorithm). One new issue of the GTI-IEC Actual newsletter was put out during this quarter. Partnerships with other AID projects - JHPIEGO/ Maternal and Neo-Natal Health (MNH) and *Pro Redes Salud* – continued. The MSPAS, *Calidad en Salud* and *Pro Redes Salud* participated in an Expert Consultation on Community IMCI held in Nicaragua on February 11-13 with a joint presentation on the "Alliance Between the Public and the Private Sectors for the Expansion of Community IMCI in Guatemala" and an exhibition of AIEPI AINM-C communication and training materials.

Area and Community Level

Technical support to MSPAS Area-level staff responsible for health promotion and communication activities through meetings with the IEC Health Area Coordinators has resumed this year. One workshop with all 26 IEC Health Area Coordinators took place in February and a workshop with 8 IEC Health Area Coordinators in eight priority Areas took place in March. The latter smaller workshop focused on clinical AIEPI and AIEPI AINM-C. Results of the clinical AIEPI monitoring at the end of 2002 revealed problems in the access and distribution of AIEPI counseling materials; these were addressed through a problem-solving methodology during the workshop. As a result of the analysis, several activities to be undertaken during the second quarter of 2003 were identified. The first IEC/BCC monitoring round was postponed until June 2003 in order to allow sufficient time for the implementation of activities prior to evaluating impact. The first-level *Calidad en Salud* facilitators (formerly, F-IEC/PC) participated in the smaller IEC/BCC Priority Health Area Coordinators' meeting. Unfortunately, the *Unidad Ejecutora*, the PNSR IEC/BCC counterpart, PROEDUSA, and the Social Communication Unit IEC/BCC did not attend the workshop as planned.

In the larger IEC Health Area Coordinators' meeting, the focus was on RH/FP since *Calidad en Salud* provides technical assistance on FP throughout the country. The achievements of the Reproductive Health Program for 2002 were presented and interpreted in relation to IEC/BCC. The increase in FP users was more apparent in the month of June when the Women's Health Fair took place, which seems to indicate a potential effect of these IEC/BCC activities. In addition, the social workers finished the revision of a manual outlining their role and functions as IEC Health Area Coordinators. Finally, strategies to improve internal communication (between central and area level personnel and within MSPAS services) and the need for team work were two quality improvement issues that were addressed.

Annual planning of all six workshops to be held this year with 26 IEC Area Coordinator was accomplished, with each one including a topic on RH/F and AIEPI (breastfeeding, complementary feeding and vaccination); an IEC/BCC technical issue; a quality improvement issue; and IEC area news. However, PROEDUSA has started independently training IEC Area Coordinators in its new approach on "Municipalities for Development", which involves the Coordinators and the District Coordinators working with a newly legalized structure of Municipal Councils, Municipal Planning Offices (formerly, Municipal technical units), Municipal Health Commissions (health is one of nine commissions), and the Health Action Groups (*Grupos de Acción en Salud* or GAS). A strategy to

integrate IEC/BCC and *Calidad en Salud* community participation approach into this work is being developed by the IEC/BCC team and will be presented to PROEDUSA on April 11. The intention by PROEDUSA to completely involve the IEC Area Coordinators in this macro approach will affect the frequency and content of the workshops planned by *Calidad en Salud, Unidad Ejecutora*, the Social Communication PNSRcounterparts.

This year the IEC/BCC team has participated and will continue to participate in monthly meetings of first-level *Calidad en Salud* facilitators to discuss IEC/BCC accomplishments and future plans, to identify problems and solutions, and to identify successful experiences and original ideas and in monthly ATR (Regional Technical Advisers that focus on FP activities on non-priority health areas) meetings to provide them with standard guidelines regarding the distribution and use of FP materials. Changes in first-level facilitators include: the facilitator in Chimaltenango was promoted into assistant to the Community Participation component, the *Unidad Ejecutora* hired a new facilitator for Chimaltenango, and the contract with the facilitator in San Marcos was terminated in March and a new facilitator will be hired by *Calidad en Salud* for that Area. Training related to the IEC sub-strategies, activities and materials carried out by the *Calidad en Salud* IEC/BCC team, the IEC Coordinators and the first-level facilitators in the Areas are included in Annex C.

2.2.3. Specific IEC/BCC Results for Family Planning

IEC/BCC Strategies and Materials for FP

The IEC/BCC FP strategy designed at the beginning of the project at the central level has been adapted at area and local levels and this quarter renewed emphasis is being placed on having IEC Health Area Coordinators and area teams develop or revise local IEC/BCC plans. To support this strategy, especially the mass media sub-strategy, a booklet with key messages for all priority programs (Comunicación para la Acción) was developed and distributed to Area Coordinators to be used in their initial meeting with radio owners and representatives, which three out of eight Area Coordinators (Huehuetenango, Totonicapán, and Ixil) have already carried out.

The IEC/BCC team has started to work with the GTI-IEC in preparation for the two strategy workshops that will be held next quarter. One of them will focus on an IEC/BCC strategy to increase male participation in reproductive health and the other on abstinence, delaying first sexual relations and avoiding unwanted pregnancies in adolescents. These behaviors have been part of the IEC/BCC FP strategy but need to be reinforced with specific activities and materials. Led by the *Calidad en Salud* IEC team, the GTI-IEC has started to collect training and communication materials focusing on these audiences (men and adolescents) and to prepare annotated bibliographies on relevant articles and reports, especially from Guatemala and Latin America. A consultant from JHU/CCP who worked with the IEC team on March 26, will provide technical assistance for the IEC adolescents' reproductive health strategy workshop. A visit was paid to the Hospital San Juan de Dios adolescents' clinic to establish contact for pre-testing concepts and materials in the near future and to identify communication needs for that group.

This quarter IEC/BCC team member, Berna Salas, traveled to Colombia to participate in a workshop on Gender and Sexual and Reproductive Rights as a strategy to improve the quality of RH/FP services. As part of the workshop she developed a plan to address the issue of increasing male participation in family planning, which will serve as a basis for the GTI-IEC strategy workshop on that topic.

FP IEC/BCC materials finalized this quarter include the FP flipchart to be used in health services nationwide and an IUD promotion leaflet. The Population Council IPC/C algorithm and companion cards were reviewed, pre-tested and modified by the *Calidad en Salud* IEC/BCC team, they have been approved by the Population Council and FP/ *Calidad en Salud* team and are now ready to be printed by the Female Physicians Association of Guatemala (AMMG) with funds from the Population Council. The IEC/BCC team expects to have these materials ready when the "balanced counseling" training cascade starts in May 2003 and to fully participate in a joint FP/IEC/BCC training process, involving IEC Area Coordinators and first-level facilitators. Two FP sala situacional posters were pre-tested and finalized this quarter and are ready to be printed.

A decision was made to delay the production of 5 FP mini-videos - three of them on services and methods offered by the MSPAS and two regarding IPC/C between providers and users , until the second quarter of 2003. The

JHU/CCP consultant reviewed the last version of the video scripts and offered to provide more technical assistance as needed. A set of 11 radio spots and companion users' guide produced last year were distributed to all 26 Health Areas together with IEC logistic guidelines. The IEC/BCC team participated in an interactive radio program (*Radio Punto*) on family planning, in which calls from all over the country were received and answered. The brochure on prenatal care designed last year was presented to JHPIEGO/MNH for revision, but still no decision has been taken regarding the MNH project financing its reproduction.

The *Unidad Ejecutora* is ready to reprint the set of 10 individual methods FP brochures after they were reviewed and updated by IEC/BCC and FP/*Calidad en Salud* teams, as well as all relevant counterparts, reflecting changes in the norms published last year.

IEC/BCC Training for FP

Calidad en Salud first-level facilitators and IEC Area Coordinators, who have participated in pre-testing materials, were in-charge of the distribution of radio spots and other materials according to detailed logistic plans and training guidelines. The training for trainers' manual (TOT) on IPC/C for FP was finalized and signed approval has been given by MSPAS counterparts, JHU/CCP and Engender Health counterparts. USAID and URC authorization for printing is pending.

IEC/BCC Monitoring and Evaluation for FP

Given that the *Calidad en Salud* FP component of the project has asked first-level facilitators to conduct observations and exit interviews in a convenience sample before training on the "balanced counseling" algorithm begins, the IEC/BCC team has delayed its round of monitoring on 30 "sentinel services" for the second quarter of 2003. Community Centers and vigilantes will be included in the IEC/BCC monitoring rounds and both FP and IMCI will be included in instruments.

2.2.4. Specific IEC Results for IMCI

IEC/BCC Strategies and Materials for IMCI

The original IEC/BCC strategy for IMCI was designed (prior to launching AIEPI AINM-C) to address both the institutional component and the original vision for the community component of IMCI. The institutional component focused on strengthening provider client interpersonal communication and counseling (IPC/C) regarding the preparation and administration of medicines, the use of liquids and feeding during illness, as well as danger signs that should prompt re-consultation. During this quarter difficulties in the coordination with the clinical IMCI component were addressed. The *Calidad en Salud* Advisor for IMCI was invited to the workshop with the eight IEC Health Area Coordinators and first-level facilitators to present results of the monitoring conducted last year, especially observation of IEC materials, counseling and exit interviews that reflect IEC activities.

Problems directly related to IEC/BCC included the following: a) most health services do not have IEC materials for IMCI (recall leaflet, vaccination brochure, complementary feeding brochure and posters), b) performance of health providers in counseling is varied, with auxiliary nurses in health posts showing the lowest scores, and c) only two-thirds of mothers recall advice on treatment, liquids, feeding and danger signs when they leave the clinic. In addition, other problems identified were the low level of knowledge of IEC Coordinators on clinical IMCI, and their not forming part of the Area IMCI monitoring teams. Finally, another problem analyzed together with the distribution of the new radio spots was the low use of mass media (radio) for promotion in some areas and the optimal use in others. (San Marcos and Huehuetenango have coordinated efforts to pay one Mam radio station listened to in both areas and have the tag-on modified to alternate mentioning the San Marcos Health Area and that in Huehuetenango as sponsors).

Solutions identified by IEC Area Coordinators and first-level facilitators include: presenting the IEC IMCI analysis and problem resolution results to Area technical teams and Area IEC teams; conducting an inventory of IEC AIEPI materials in the Area and in health services; speeding-up arrangements to have the *Unidad Ejecutora* print additional

quantities of IEC IMCI materials programmed with counterpart funds; distributing materials according to detailed logistics plan; making a flowchart of counseling and group communication activities in services prioritizing audiences for the distribution of materials (for instance, the vaccination guide will only be given to mothers of children who are vaccinated for the first time); participating together with the IMCI teams in tutoring health providers on counseling based on the Aconsejar module of IMCI (a didactic guide will be developed); receiving one-day training on clinical IMCI; and conducting monitoring through observation and exit interviews in selected health services in June 2003.

Negotiations between the IEC/BCC team and a private bottled-water company (Embotelladora Salvavidas) were initiated, to include the company logo and a message on clean water to prevent illnesses on the vaccination brochure. If consensus is reached between all parties, the company has agreed to cover the cost of printing 50,000 brochures. During the second quarter of 2003, the IEC/BCC team will continue to explore the possibility of obtaining private sponsors for this and other IEC activities and materials.

IEC/BCC Training for IMCI

The Aconsejar (Counseling) module of the IMCI training that was revised last year by the IEC/BCC component will be central to refresher training and tutoring in IEC for IMCI this year.

IEC/BCC Monitoring and Evaluation for IMCI

Calidad en Salud has again contributed several monitoring instruments for the coming vaccination campaign, including an observation checklist, key-informant interview guides, and an exit-interview guide for mothers leaving the vaccination post. To the extent possible, IEC Area Coordinators and first-level facilitators will use these instruments for monitoring during the Vaccination Week on April 7-13.

As mentioned, monitoring IEC IMCI materials, counseling and mother's recall will be conducted in the second quarter of 2003 in a sample of health services. Priority will be given to first level services (health posts) given that auxiliary nurses have shown lower counseling skills than other health providers.

2.2.5. Specific IEC Results for AIEPI AINM-C

IEC/BCC Strategies and Materials for AIEPI AINM-C

The IEC/BCC strategy, with its six IEC tactics, is central to the health promotion and illness prevention component of AIEPI AINM-C. Interpersonal communication and counseling is also important in the integrated case management component of AIEPI AINM-C.

The implementation of the advocacy and public relations plan that was prepared last year for the promotion of the AIEPI AINM-C strategy was postponed until the second quarter in 2003 when all the materials are printed and training is underway. The plan targets church groups, the press, private and political sectors, academic organizations and professional associations and includes tours of services and communities where the strategy is functioning properly.

Changes to the counseling materials based on operation research observations and GTI-IEC revisions were completed during this quarter and materials are ready for printing on a large scale. These include the promotion and prevention AIEPI AINM-C counseling materials (three sets of counseling cards), two flip charts one on maternal and neonatal health and the other on child health for integrated case management, nine recall leaflets and one referral leaflet, a growth monitoring poster, an AIEPI AINM-C *sala situacional* poster, the child card and the vigilantes notebook. *Pro Redes Salud* and other NGOs will print together with *Calidad en Salud* to obtain lower costs on materials. Quetzaltenango will print the set of maternal-neonatal cards for midwives outside the *Extensión de Cobertura* and other midwives will be provided materials through the *Unidad Ejecutora*. The official launching of the materials for the AIEPI AINM-C strategy and materials will take place in April/ May when printing is completed.

Cassettes with the set of 30 radio spots with a focus on key AIEPI AINM-C behaviors and relevant basic messages were reproduced and distributed this quarter together with a users' guide. The process of recording some of these spots (vaccination) in several Mayan languages has started at the local level with support from the IEC Health Area Coordinators and with counterpart (MSPAS) funding. In addition, through inter-institutional coordination with the Communications Department of the *Rafael Landívar* University other radio spots will be translated and recorded in Mayan languages.

Since the diagramming and graphic design of the algorithms and protocols for women and children case management have required improvements, the IEC/BCC team has become increasingly involved in their review. Likewise, the IEC Advisor has devoted some time to the review of the community participation case study protocol, instruments, results and implications for AIEPI AINM-C.

IEC/BCC Training for AIEPI AINM-C

The IEC/BCC team has continued to take an active role in the development and review of the training of trainers' manuals for the rollout of the AIEPI AINM-C strategy, especially but not limited to the Promotion and Prevention component and growth monitoring and promotion (GMP) sessions within that component. The IEC/BCC team conducted observations of area level training for ambulatory physicians and institutional facilitators (FIs) in order to monitor quality and update their knowledge regarding GMP procedures, the use of the minimum expected weight (MEW) table to classify children as growth faltering, the child card, and the vigilantes notebook to record children's weights and promotion activities. These observations showed that area level training was conducted well and that training teams included members of the different NGOs (for instance, CARE and HOPE) that work in the area. The IEC team also participated in a two-day training of Catholic Relief Services personnel in the promotion and prevention component of AIEPI AINM-C. (See additional discussion of AIEPI AINM-C activities under Result 4.)

IEC/BCC Monitoring and Evaluation for AIEPI AINM-C

The IEC/BCC team completed the design of the vigilantes notebook, in which forms such as the list of children less than 2 years of age for weight monitoring are included. The revision of the Extensión de Cobertura information system indicators and forms to include the AIEPI AINM-C GMP indicators has started with active participation of the IEC/BCC team. In addition, the IEC/BCC team has worked in the definition of the monitoring/ supervision model at the community level (with FI supervising FCs and FCs supervising VS) and has provided instruments such as observation check lists for GMP sessions, home visits, group talks, and demonstrations, and a summary instrument that the FC can use. The summary supervision instrument is necessary, but individual instruments will continue to prove useful for early tutoring of vigilantes when direct observation of GMP and other promotion activities is indispensable.

Operations Research on Growth Monitoring and Promotion

The operations research results and its implication for the GMP component of the AIEPI AINM-C strategy have been presented to several audiences including the Ministry of Health programs, the GTI-IEC, and USAID partner private voluntary organizations (PVOs). The workshop with the latter (CARE, Catholic Relief Services, Save the Children, SHARE) at the USAID offices included the revision of materials presently being used by these organizations for GMP. There is variability in the degree to which the PVOs are integrating AIEPI AINM-C tools and materials in their activities; CARE is basically following AIEPI AINM-C procedures for growth monitoring and has printed materials, while SHARE continues to follow its own procedures and uses its own materials like the "ravine graph" and a new promoter notebook designed similarly to the one used in El Salvador.

Results on the three growth monitoring sessions now available indicated that 28-to-29 per cent of the children fell under two standard deviations of the reference median in the first, second, and third session. In the DHS 98/99 the corresponding percentage was 24.2.

Table 24: Percent of Children Falling Under 2 Standard Deviations of the Reference Median in the First, Second and Third Growth Monitoring Session

Weight / Age	1 (n=1,580)	2 (n=1,537)	3 (n=1,431)
< - 2 SD	29.37	27.33	27.88
≥ - 2 SD	70.6	72.67	72.12

As expected, significantly more children were classified as "growth faltering" with the Honduran Minimum Expected Weight (MEW) table (Group A) than with the growth trend method (Group B). These percentages decreased from the second to the third growth monitoring session.

Table 25: Percent of Children Classified as Growth Faltering with the MEW Table (A) and with Growth Trajectory (B) in the Second and Third Growth Monitoring Session

Classification	2		3	
	A	B	A	B
Inadequate Growth	48.89	25.67	44.41	21.54
Adequate Growth	51.11	74.33	55.59	78.46

Finally, applying the new Guatemalan MEW table (presented in last annual report) to all children's weight gains and classifying growth again in each case, about a third of the children were classified as growth faltering in the second growth monitoring session and this percentage dropped in the third session. Although a rapid change in practices is not a common finding (rather, a gap between mother's knowledge and practices has been repeatedly documented) we have no alternative explanations for this positive finding since there were no other interventions in communities where the operations research took place.

Table 26: Percent of Children Classify as Growth Faltering with the New Guatemalan MEW Table in the Second and Third Growth Monitoring Session

Classification	2 (n=1,341)	3 (n= 1,327)
Inadequate Growth	31.47	26.68
Adequate Growth	68.53	73.32

The IEC/BCC Advisor traveled to Ixil to present these results and the percentage of children classified as growth faltering by vigilante (sector) and by community to institutional facilitators as well as train them in the use of the new MEW table and other GMP tools: the list of children's weights, the summary graph and the child card. Although several vigilantes have continued to conduct monthly GMP sessions in Ixil, a constraint noted is the lack of follow-up of vigilantes by the institutional and community facilitators (FIs and FCs) in part due to the fact that there is a new Area Director who had to be introduced to the strategy and a new NGO in charge of the administration of the health services (ASS) who had been selected but has not signed a contract with the MSPAS. The new NGO (Cooperativa Todos Nebajenses) has been highly recommended for its financial and agricultural activities, but has no experience in health projects. The previous NGO still owes the FCs its salary and vigilantes the required 50 quetzal stipend per day of training for several months of last year. This has negatively affected vigilantes' motivation and is proving a serious obstacle to the tutoring and supervision required to fully implement the AIEPI AINM-C strategy. The late allocation of funds to NGOs was also mentioned as a problem by institutional facilitators in Quetzaltenango and Sololá where training was observed. In addition, community centers were reported to be lacking medicines for integrated case management and FCs have not been paid their monthly salary, while the salary of the NGOs accountant has been lowered.

Follow-up Survey on the 2002 Base Line

Although using different samples, results of the baseline survey conducted in San Marcos for the operations research on the expansion of the Extensión de Cobertura model will be compared to the IEC/BCC baseline survey results in 2001, given that the instruments were mostly comparable, especially in variables related to maternal knowledge and practices.

Operations Research on the *Expansion of the Extensión de Cobertura*

The IEC/BCC component contributed to the revision of the indicators and baseline survey instrument, and with the observation of interviewers' practice as part of their training. More recently, the IEC/BCC component was involved in the development of training guidelines for the FIs to train vigilantes to do the community map, housing and sanitation census, and health and morbidity forms. This part of the cascade training was missing from the Extensión de Cobertura materials. Finally, the supervision model and instruments that the IEC/BCC component has proposed will prove useful to the operations research and draft instruments are being tried in that context.

2.2.6. IEC/BCC for IGSS

A major achievement during this quarter was that the IEC/BCC process was formally institutionalized within IGSS, where an IEC/BCC Health Communication Section has been established within the Communications Directorate of this institution. This lengthy process, which began in 2000, ultimately ended successfully but is illustrative of the problems besieging public-private institutions and the slow course of decisions and actions:

- An assessment of IEC at IGSS that indicated that there was no department in charge of providing guidelines, that materials were produced for specific campaigns only and that health educators and social workers in charge of group talks and interpersonal communication and counseling had no standard guidelines and contents was conducted in 2000.

- Based on the assessment results, a proposal to create the IEC/BCC section or unit within the Public Relations Department was presented on January 2001 by the sub-director of that department (there was no Director at the time), with technical assistance from the IEC/BCC Advisor and IEC/BCC team member supporting IGSS.

- During the year 2001, there were several changes in the IGSS Board of Directors and Management personnel, including three changes in the director of the Public Health Department. Changes included having Lucía Dubón (*Calidad en Salud* IEC/BCC counterpart in the Social Communication Unit of the MSPAS during 2000-01) in charge of press and later appointed Director of the Public Relations Department.

- The last two Directors of the Public Health Department activated the process of revision of the proposal by the different IGSS Board of Directors from June to December 2002. In January 2003 the Board of Directors makes an official announcement regarding the institutionalization, within a Social Communication and Public Relations Department (name changed), of an Information, Education and Communication Section, whose personnel includes a director, a social communicator, a training specialist, a graphic designer and a graphic artist.

Other IEC/BCC achievements related IGSS are discussed under Result 5.

Limitations for IEC/BCC

Constraints identified during the first quarter of 2003 include the following:

- Changes in key actors and other MSPAS staff and subsequent changes in promotion priorities by the various MSPAS counterparts have contributed to the difficulty experienced by the IEC/BCC component in the implementation of the institutionalization plan, especially at the central level. Coordination between the Social Communication Unit, the Department of Health Promotion and Education (PROEDUSA), the National

Reproductive Health Program and the *Unidad Ejecutora* is still weak and conflicting interests often emerge. Even though both the Social Communication Unit and PROEDUSA have named a representative to the GTI-IEC and the IEC Area workshops, they have seldom participated in meetings due to other commitments. Moreover, in this politically charged year, PROEDUSA is focusing entirely on working with the Municipal Councils, Municipal Planning Office and the Health Commission within, and health action groups (GAS) and the IEC/BCC team has had to strategize on how to insert IEC/BCC priorities into this structure and work plans

- Despite the fact that annual planning of all six workshops to be held this year with 26 IEC Area Coordinator was accomplished so that each one included a topic on RH/F and AIEPI (breastfeeding, complementary feeding and vaccination), an IEC/BCC technical issue, a quality issue, and IEC Area news, the need for these workshops is being questionned by PROEDUSA, which would rather have Coordinator focusing entirely to work within the "Municipalities for Development" approach. The IEC/BCC team is exploring options to keep providing technical assistance to IEC Area Coordinators without contravening PROEDUSA's guidelines.

- As mentioned before, the process of involving several programs from the MSPAS in the process of designing, testing and producing materials, has taken up a considerable amount of time this quarter and has contributed to delays in the final production of materials. In relation to AEIPI AINM-C training materials it has been very difficult to reach consensus with UPS1 personnel in charge of training.

- The MSPAS had again to reconsider the use of the new MEW table, which had implications for the training, the vigilantes registering forms, the child card, and the counseling cards (which carry the table on the back). To reach consensus required a series of meetings and that an international consultant be invited to present results of the operations research and recommendations. An agreement was finally reached with PROSAN on February.

- The GTI-IEC was not asked to review a series of four brochures on complementary feeding that were printed by PROSAN with financial assistance from UNICEF and whose messages and art are not altogether consistent with those of the AIEPI AINM-C counseling materials. These materials were distributed in the launching of the complementary feeding guidelines, MEW table and monthly growth monitoring on February 14.

- Despite improvements in the distribution of IEC AIEPI materials (recall sheet, vaccination brochure, infant and young child feeding brochure), the AIEPI team identified several problems. These problems were addressed in the workshop with eight IEC Coordinators and eight facilitators in priority areas using a problem-solving methodology. Solutions were identified and a timetable of activities for the second quarter revised. Monitoring of the presence and use of both AIEPI and FP materials will be undertaken in June 2003.

- A constraint noted in Ixil, but not uncommon in other areas, is the lack of follow-up of VS by the Institutional Facilitators due to the fact that the NGO previously in charge of the administration of the health services (ASS) still owes some FCs their salaries and some VS payment for training carried out in the previous year and in the second and third quarters of this year. This has negatively affected vigilantes' motivation and could prove a serious obstacle to the implementation of AIEPI AINM-C strategy. MAs and FIs in Quetzaltenango and Sololá recounted similar problems.

- Finally, there is insufficient official information to the NGOs working within Extensión de Cobertura regarding changes in the norms such as emphasis of GMP on children under two years, classification on growth faltering using the MEW table, distribution of scales to vigilantes and their participation in weight monitoring at the sector level, changes in registration forms, *Pro Redes* financing training in the first module (growth promotion and monitoring), etc. The communication between the MSPAS and its partner NGOs needs to be strengthened and standardized; a regular communication material would support inter-institutional communication.

2.3. Result 3: MCH Programs and its Partner NGOs are Better Managed

- Management Systems Improvements are implemented to increase effectiveness of MCH Service Delivery
- Improved Program Planning, Monitoring and Evaluation through the Use of Quality Data

2.3.1. Logistics Results

Detailed activities are organized in five main areas: improving logistics management at all levels, training, manuals, logistics information systems, and contraceptive security.

Strengthening Logistics Management

Obtaining the support of and commitment from logistics staff at all levels is a crucial element to ensuring the distribution of the right amount of contraceptives, the right methods and to the right place, as well as ensuring reliable contraceptive stock management at different levels. With this aim in mind and in order to improve and promote teamwork at central, DAS and health post levels, the following activities were carried out during the first quarter of 2003.

Physical Inventory of Contraceptives: The data collection for the first inventory of contraceptives at the national level was carried out. During the field visits to the 26 DAS, the Technical Logistics Team (ETL)[2] not only carried out a physical count of contraceptives, but also took the opportunity to interact with the warehouse staff, listen to their concerns and provide technical assistance to clarify and strengthen procedures. Almost in every DAS attitudes of warehouse personnel towards contributing to an improvement in the contraceptives logistics had markedly changed and significant commitment to improvement was evident. During the month of April 2003 the information collected will be entered into a database for the generation of the analysis, inventory report, and upgrading of the Pipeline software.

Increasing Awareness for Logistics Management: *Calidad en Salud* takes advantage of every opportunity to raise awareness for the importance of contraceptive logistics management and commitment to improve the systems and processes. Three presentations were made this quarter: a) at the logistics workshop for USME personnel, b) logistics management information system training workshops, and c) at the internal meeting with *Calidad en Salud's* FA and ATR. The presentations focused on the importance of the logistics of contraceptives for an effective and efficient family planning program and stressing the point that "without product there is no program". Trends in population growth, contraceptive prevalence and the decline of fertility were highlighted, as well as the importance of providing safe and good quality family planning services to the population of Guatemala. A perspective on population growth versus the ability of nations to provide basic services to their citizens was included.

Bulletin**:** This year's first quarterly bulletin was developed and distributed. The bulleting successfully serves to keep staff at all levels informed of the numerous activities and achievements towards improving the logistics system.

Supervision and Support to DAS: During this quarter, *Calidad en Salud* developed the Analysis of BREs (ABRES) tool. This tool has been designed to monitor and evaluate the adequateness of filling the Balance, Requisición y Envío de Suministros forms (BRES). The use of this tool allows detection of inconsistencies in the BRE's variables and helps identify and prioritize those DAS where inconsistencies are detected. The BRES was applied to the 26 DAS and were utilized during the quarterly field logistics support visits to Quetzaltenango, San Marcos, Chimaltenango, Jutiapa, El Progreso, Santa Rosa, Guatemala, and Quiche.

[2] The ETL, *Equipo Técnico en Logística*, was informally created by various organizations working in logistics in Guatemala to coordinate better and meet priority deadlines. Members of the team are *Calidad en Salud*, UE, FNUAP, USAID, and USME.

Monitoring and Evaluation: *Calidad en Salud* has revised the previous set of logistics indicators to reflect the fact that there will not be a stock-out survey this year and the logistics management information systems are entering their implementation stage. The revised indicators have been submitted to USAID for review and approval.

Design of a Logistics Management System for the NGOs: A draft design of a distribution and information system for medicines and contraceptives for NGO's was completed. The new flow has been designed to ensure that the aggregate BRES for contraceptives arrive at APROFAM during the first 12 days of the month, so that APROFAM can ensure timely filling of contraceptive orders. The processes outlined in the design were introduced during training for MAs and FIs and practiced with the help of hands-on exercises.

Revision of the Supervision Guide for Contraceptive Logistics: The supervision guide developed last year and tested by the USME included a series of indicators and process review. Testing of this portion of the supervision guide indicated that it took too long and was too cumbersome. The revised supervision guide for logistics includes only the essential indicators. The new indicators will be tested as part of the overall supervision guide.

Capacity Building

- In this quarter activities included in the 2002 intensive training program were continued. A curriculum was developed specifically for the logistics responsibilities of the Ambulatory Medics (MAs) and Institutional Facilitators (FIs).

- In close coordination with UPS1, the last group of 713 MAs and FIs from all the NGOs associated with the coverage extension program were trained.

- Training was provided to IGSS in the use of the new pipeline software.

Manuals

The logistics management manuals for the MSPAS and the IGSS were completed in 2002. The manuals were finally officially disseminated this quarter.

Manuals for the MSPAS: The "*Manual de Gestión Logística de Anticonceptivos*" was finalized, printed, and distributed to all levels of the MSPAS program as part of the materials used during cascade logistics management training carried during the year. In addition, the "*Manual de Logística y Procedimientos para el Control de Suministros*" has equally been finalized, printed. Distribution took place from the 24th to the 28th of March 2003 through a meeting with all DAS directors.

Manuals for the IGSS: Work has continued with IGSS staff to develop the logistics manuals for this institution. Both The "Manual de Gestión Logistica" and the "*Manual de Normas y Procedimientos de Logistica de Anticonceptivos del Componente de Planificacion Familiar*" have gone through the final stages of review and revision. USAID has approved them. Final approval by IGSS is pending. The recent changes in leadership within the organization have generated further delays.

Planning and Coordination

Calidad en Salud has carried out and coordinated numerous logistics related activities with the following institutions and programs:

- FNUAP: Work was carried out to coordinate the donation of computers to the 26 Health Areas and to deliver the logistics module of the SIGSA-SUI through two regional training workshops, one in the DAS of Zacapa and the other in Sololá. SIGSA-SUI. Support was also provided in the development of training curricula for a three day LMIS training workshop for the DAS personnel.

- JSI/GETSA: *Calidad en Salud* provided support to the DELIVER project to review the final report of the stock out survey in the MSPAS.

Logistics Management Information Systems

In order to empower decision makers and administrators to make better decisions concerning amounts of contraceptives, *Calidad en Salud* has been working with the SIGSA-SUI of the MSPAS in the development of a simplified logistics management information system (LMIS). During the last year, over the course of only four months, a system was designed, programmed, and the beta version developed ready for testing. During the month of February 2003 the system was tested at the DAS of Guatemala. Adjustments and revisions were made based upon the testing results and the final version released. Management of the LMIS has been decentralized to the level of the DAS and training to DAS staff was done during two training workshops.

The development of this LMIS can be considered successful due in large measure to team work and cooperation between the MSPAS and *Calidad en Salud's* staff. The tool was developed in a short period of time and at a very low cost. Most importantly, the tool was built as part of the overall information system of the MSPAS, ensuring that the system is managed by the central administration of the system from the start, thus institutionalized.

Close collaboration is ongoing with the Social Security Institute to develop a similar system for this institution.

Contraceptive Security Initiative

Calidad en Salud begun to work as part of a Contraceptive Security Initiative in Guatemala during the last quarter of 2002. During the first quarter of 2003, several activities were accomplished, despite delays encountered due to the numerous staff changes within the MOH including at the PNST. These advances are detailed below:

- Finalization of the contraceptive security initiative work plan. The original work plan was revised and upgraded to reflect feedback provided by USAID, the MSPAS, and IGSS through a series of work plan review meetings. Participants from the MSPAS included the Minister of Health, the Vice Minister, the director of Regulacion, Vigilancia y Control, the chief of strategic planning, and the director of the PNSR and his staff.

- Establishment of a "Governing Agreement" (*Acuerdo Gubernativo*). An agreement was drafted to establish a national contraceptive security committee. TheVice Minister participated actively in this process and has identified the steps necessary to have the proposed agreement approved within the legal system of the Ministry of Health.

- Projections. Based on preliminary results from the 2002 Demographic and Health Survey, *Calidad en Salud* generated a set of short term projections for contraceptives using the ProCon forecasting model. In addition, *Calidad en Salud* has analyzed consumption data from 1997 to 2002, has defined the assumptions for input parameters, and has generated a preliminary set of projections for the years 2003 to 2008. These projections and their input parameters will be reviewed jointly with MSPAS and IGSS representatives and USAID. Once the projections have been approved, financing and procurement activities for contraceptives can start.

- Financing. *Calidad en Salud* worked closely with the MSPAS and IGSS in the review of consumption trends, inventories on hand, and shipments in transit in order to ensure that agreements for contraceptive orders between these organizations and UNFPA meet the demand for contraceptives generated by the MSPAS and IGSS family planning programs. This review indicated diminishing central level inventories and the need to accelerate the transfer of funds from the local organizations to UNFPA. This is essential to be able to initiate the procurement process on time and avoid contraceptive shortages. As a results of *Calidad en Salud* assistance funds equivalent to 20% of the total cost of contraceptives needed to meet expected 2003 demand have been transferred to UNFPA.

- Further more, additional agreements were reached with the chief of the Finance Department of the MSPAS: a line item will be created within the Finance Administration Integrated System (*Sistema Integrado de Administracion Financiera* – SIAF); b) this line item will affect MSPAS central level regular finances; c) this line item will be labeled "Contraceptive Purchases", and d) that the base document for achieving a, b,

and c will be the current agreement between the MSPAS and UNFPA. This agreement dictates the amounts and percentages of total cost by method to be financed by the MSPAS.

- Procurement. As mentioned earlier, during the activities to update the Pipeline software, *Calidad en Salud* detected that the levels of inventory at the central level of Depo Provera were declining and that the necessary documents for processing the transfer of funds from the local organizations to UNFPA had not yet been processed. Through a revision of the CPTs, *Calidad en Salud* presented the situation to the MSPAS and IGSS and helped initiate and accelerate the transfer of funds. *Calidad en Salud* technical assistance focused on the generation and submission of memorandums to solicit UNFPA to initiate the procurement, and in the definition of the amounts of contraceptives required and their respective funding.

Constraints

- The main constraint to programming and carrying out activities in logistics continues to be the limited availability of resources in at the level of the areas and districts. Some activities have to be re-programmed, which delays implementation.
- At IGSS, a delay in the signature of an agreement with FNUAP and the limited availability of staff has resulted in a delay in completion of the logistics manuals.
- The recent changes in the leadership positions within the MSPAS and IGSS has been responsible for the delays in meeting target and deliverables on time. The new personnel has arrived sometimes without any prior experience in family planning logistics management. Therefore, *Calidad en Salud* has had to educate them and convey to them the importance of the logistics of contraceptives in order to obtain their support.

2.3.2. Monitoring and Evaluation Results

Main activities that took place during the first quarter of 2003 include the following:

- Process of transferring SAM to the MSPAS (UPS1-SIGSA) was reactivated
- Proposal for a monitoring system for AIEPI AINM-C was developed
- Design of an application for internal monitoring of *Calidad en Salud* was developed
- UPS1 information systems were strengthened through the development and restructuring of SIGER
- Support was provided to other NGOs to improve their monitoring system

SAM

In the process of transferring the SAM to the MSPAS, a support group was set up between UPS1-SIGSA and *Calidad en Salud* to guarantee the use and monitoring of the tool at the national level. With help from the UPS1, a work plan was generated to ensure that the transfer of SAM to UPS1 would be effective June 1, so that monitoring by the national and Health Area levels of NGO activities can take place. Unfortunately, due to problems with the system's provider, the workplan is not going to be executed, and a more institutionalized alternative is being developed. This will take place in the next quarter.

SIGSA-SUI

The final review and printing of the "*Manual de Procedimiento para Registro, Generación de Informes y Retroalimentación de Estadísticas del Servicio*" has been rescheduled for completion in the second quarter of 2003. Its completion depends on the conclusion of the monitoring system for AIEPI AINM-C which is almost complete and will be evaluated by the MSPAS.

UPS1-MSPAS

Both the database and the software applications making up the SIGER were restructured to include FP and AIEPI AINM-C. The mapping module was updated, establishing a new structure for the maps and a revision of SIGER for the MSPAS services network.

Performance monitoring for *Calidad en Salud*

A database was designed to allow standardized reporting on training and performance indicators for the eight Health Areas. The database will centralize the information and produce summary reports. The application was tested in the field by FA and FI personnel and introduced in the 8 Health Areas for final field test. It is anticipated that it will be operational for reporting for activities of the second quarter of 2003.

Design of the Monitoring system for AIEPI-AINM-C

The design of a new monitoring system for AIEPI AINM-C will integrate the functions of supervision, monitoring and evaluation. Work is proceeding in close collaboration with the supervision component of the project in order to standardize the processes, indicators and sources of data for each of the current components of the coverage extension process. Technical assistance in close coordination with the supervision component is provided to assist with the process to reach consensus with all parties concerned about a unified supervision and monitoring system for all NGOs participating in the extension of coverage.

Operations Research

Assistance was provided with thedesign, development and implementation of the baseline for the Operations Research project (See that section for further details).

Support was provided to *Pro Redes* to modify the forms for their baseline. A tool was designed to collect and consolidate collected data and to input into a database.

2.3.3. Planning and Programming Result

Summary

Calidad en Salud and the UE made efforts to integrate FP, AIEPI AINM-C and Support Systems programs by incorporating all components into a single operations plan for each of the eight Health Areas. Improved management starts with regular meetings to review the implementation of activities and plan the next ones. The Health Area of El Quiché started the support for these monthly management meetings and the other health areas are now implementing this coordination mechanism as well.

Efforts to improve the planning and programming process started early in 2002. In 2003, a meeting was held with the new Ministerial Authorities (Minister and Deputy Ministers and General Directors) to increase their interest in institutionalizing the achievements in improved planning achieved with support from *Calidad en Salud*. A suggestion was made to try developing a single Annual Operations Plan for 2004 to include all priority activities that will take place to improve service provision within these programs, using both regular and counterpart resources.

Planning and Programming

The objectives of the Planning and Programming component are to:

- Improve the process of Planning and Programming in the MSPAS through standardization and coordination of the Annual Operations Plan of the Agreement implemented with counterpart funds and of the Annual Operations Plan of the MSPAS implemented with regular funding.

- Institutionalize the *Convenio* components, by systematizing and standardizing the technical and financial programming guidelines, based on the policy, objectives and priorities of the MSPAS.
- Create the annual programming for 2004, by integrating the activities supported by the Agreement into one central and integrated individual Health Area operational planning exercises.
- Monitor the targets and results of the 2003 Annual and Quarterly Operations Plan for the activities of each component of the Agreement, through monitoring, evaluation and control activities at local and central levels, and making changes as required.

During the first quarter of 2003, support has been provided to the Quiché, Ixil and San Marcos Health Areas to monitor the implementation of the Annual Operations Plan. Specific assistance was provided to help apply operational programming guidelines to be used by districts and hospitals.

Revision of the goals and expected results of the 2003 Annual Operations Plan continued, to ensure that the plans are both feasible and that results can be measured. Meetings were conducted with each component of the project, to adjust process and results indicators oriented to improve in programming outlines and achieve goals in services and the community.

Calidad en Salud and the UE, through the FA and FI, held monitoring meetings and conducted visits to the districts with the technical teams from the Areas to evaluate the monthly implementation of activities from each component of the PNSR. The emphasis of the visits was institutionalization of the main components: FP, IMCI and AIEPI AINM-C.

During a meeting with district and hospital personnel, the Director of El Quiché Health Areas presented the activities and the budget for FP and IMCI as well as for support systems and stated: *"The quality of technical implementation must correspond to the level of cost. We are keeping an eye on this process and as a team we will do the work and satisfy the needs of the population"*

Monitoring, Evaluation and Control

A monitoring visit to the Ixil Health Area was made to review the Annual Operations Plan; review existing activities and planned projects; evaluate cooperation in 2002; present results by component and identify problems; analyze causes and suggest solutions.

Monitoring visits also were made to four health centers in the Sololá Health Area (Community Center, Health Center and Post and Hospital), to monitor implementation of the programs, specifically in support of a Monitoring Plan for FP in the Regional Hospital.

Calidad en Salud and the UE held monthly operations meetings (at the external-counterpart level) with Area and Level I Facilitators, in order to evaluate monthly execution of activities of each component of the PNSR. For the first time in February, the new director of the PNSR of the MSPAS and his team took part in the monthly meeting.

Coordination

Calidad en Salud and the UE held bi-weekly coordination meetings with MNH Project and the National Reproductive Health Unit. The goal of the meetings were the planning, coordinating and communication of different activities implemented by the teams in each component and their technical and administrative needs, as well as managerial guidance to put into action the Annual Operations Plan for 2003 at the central and Health Area levels.

POLCIY organized a workshop to present results from a study on operational policies in Family Planning services. During the workshop, improvement strategies were developed that better enable the National Reproductive Health Unit to guide FP activities. The four main components of the strategies include: a political and administrative system, organizational structure, operation of programs and service provision.

Calidad en Salud and USAID officials visited the Quiché Region to prepare for the U.S. Ambassador's trip to that region. During the visit, NGOs contracted by MSPAS to deliver services shared their experiences with emphasis on AIEPI AINM-C. Community centers in Pachulul, Chichicastenango and in San Pedro Jocopilas were visited.

Special Activities

Quality Assurance

URC/*Calidad en Salud* developed and presented to the central and local teams a plan to institutionalize achievements using quality assurance. A draft plan was circulated among *Calidad en Salud* staff and changes were incorporated. The plan focuses on the creation of a culture of quality at all levels of the health system, by raising awareness of the dimensions and principles of quality; will improve monitoring of performance and compliance with clinical and support systems guidelines; will introduce quality improvement for IMCI, FP and community IMCI programs; and will build upon the efforts underway to strengthen planning and monitoring by area level management teams.

An important change will be the inclusion of quality assurance concepts in all training, facilitation, supervision and monitoring activities supported by *Calidad en Salud*. The subjects to be covered include: Quality and Health, Quality Assurance Principles, Dimensions of Quality and Teamwork.

Internal Process of Organization and Planning of Activities

Calidad en Salud conducted weekly meetings with planning and programming coordinators to plan, organize and monitor activities of the work plans implemented. Additional meetings have been held with the teams to improve communication and coordination while modifying work processes and proposals implemented at different levels.

Monthly operational meetings have also been held (at internal level) with area and primary level facilitators, with the participation of the coordinators from each component, to follow up operations activities.

Limitations

The central level does not monitor implementation of programmed technical activities consistently in relation to the financial obligations required for technical activities.

Incomplete implementation of technical activities and low expenditure rates are the result of the following:

- Lack of integration of the Annual Operations Plan funded with counterpart funds with that of regular government funding, to achieve institutionalization of activities
- Lack of (timely) requests by the technical personnel (at central and area level) to the administration to obtain necessary supplies
- Need to reinforce supervision and/or monitoring of central level teams of technical and financial activities implemented by area level teams
- Inappropriate use of financial resources due to problems in attitude by key personnel

2.3.4. Supervision – Facilitation Results

The Supervision component of the *Calidad en Salud* project is an essential component to improve the quality of health services at all levels. Supervision is a critical monitoring tool, allowing managers to assess and improve services. The facilitative supervision model supported by *Calidad en Salud* fosters the use of data for decision making as well as teamwork to manage and improve services.

Design of the Supervision, Monitoring and Evaluation System for the Community Level

In order to design the system of supervision and monitoring for services provided at the community level, field visits were made in order to:

- Better understand the conditions under which supervision and monitoring is currently implemented in the Extension of Coverage Program
- Determine the roles of the basic health team personnel in supervision and monitoring
- Identify successful experiences for replication in the field
- Identify supervision and monitoring instruments currently used in the Extension of Coverage Program

NGO staff in San Marcos, Quetzaltenango and Totonicapán (the regions where the operational study is being implemented) were visited. As a result of the observations made during the visits, the following was established:

- The activities of supervision and monitoring are identified by NGO staff as a single activity: they do not make a distinction between supervision and monitoring;
- Supervision / monitoring activities are implemented, but not systematically or regularly;
- Personnel are not using supervision tools or methods; the only tools they are using for monitoring (although no analysis is carried out) are those from SIGSA;
- Supervision activities consist of visiting the outreach worker to confirm that they are carrying out activities according to the recommendations and to assist the VS in supporting families encountering problems;
- NGO personnel interviewed expressed an interest in receiving support to improve supervision and monitoring.

The field visits have provided valuable input forthe design of the new community-level supervision system. The visits also confirmed the decision to develop a single supervision, monitoring and evaluation system (SME) that integrates all three components rather than separate systems for each.

In coordination with the project AIEPI AINM-C team, an improvement in the existing supervision system has been proposed to a team made up representatives of the Reproductive Health program of the Ministry, the technical coordinator of the AIEPI AINM-C strategy, personnel from the UPS1, USME, UE, SMN, *Pro Redes Salud* and *Calidad en Salud*. Plans to improve the system have been accepted. To date, agreements have been reached on a supervision tool for case management (manejo de casos). The supervision instrument to be used has been proposed by the technical coordinator of the AIEPI AINM-C strategy and will be tested out in the coming weeks.

A first draft has been created of the tool to supervise growth monitoring activities of the VS; this tool will also be tested in the proceeding weeks.

Proposals for supervision tools to verify performance in activities implemented by the basic health team (plan, census, home visits, community assemblies, etc) are being developed and will be tested. Part of the system still needs to be designed, i.e. who supervises which activities and with which frequency.

Improvement in the supervision, monitoring and evaluation system of the MSPAS

In 2002, the USME received technical assistance to improve its supervision and monitoring system. The supervision instruments were tested in 2002 and an improved version is available (in draft form) to be reviewed by the different departments of the MSPAS, UE and members of the *Convenio*.

Agreement was reached with the USME to collect data on supervision coverage in the health areas. A simple temporary format was designed (until these data are recorded in the health information system), to be used by the Health Area Directorates to report supervision coverage on a quarterly basis. The USME has directed the Health Area Directorates to report this information.

Course on Management and Administration of Health Services with the emphasis on Supervision, Monitoring and Evaluation

Based on the recommendations received, the content and methodology of the course have been redefined. It is unclear whether the 26 Health Areas should be included or focus should be solely on Health Areas of the *Convenio*. The discussion is not a geographical question, but is based on the methodology to be applied. An 80% to 90% practical course has been considered, but the methodology originally proposed was based on a tutorial method of teaching rather than a practical method. The bigger the geographical area the more complex and expensive tutoring will be. To address this issue of uncertainty, follow-up discussions will be held. *Calidad en Salud* has planned a short-term consultancy to assess management training needs for the next quarter.

Limitations

- The improvement in the system for supervision, monitoring and evaluation has taken time to develop. The USME has led this process while at the same time trying to redefine its role within the MSPAS. Currently the USME falls directly under the ministerial office of the MSPAS and although this new organizational structure represents greater support and resources for the Unit, its role within future governments has yet to be determined.

- The agreements for implementation of the course on Management and Administration of Health Services with emphasis on Supervision, Monitoring and Evaluation has been delayed due to a lack of consensus on how the course should be implemented.

2.3.5. Financial Management and Administration Results

Introduction

The Objectives of the Financial and Administrative Management of Counterpart Funds are support the use of the counterpart funds, to ensure financially sound management practices and to strengthen the involvement of the area management teams as well as centrally funded directorates in funding decisions. An essential part of the responsibility is the coordination of expenditures and programmed funds with the counterparts at central and area levels and other implementing agencies.

Supervision and Monitoring

	2000	2001	2002	2003	2004	Total
Total Project	934,455.45	9,101,520.25	16,933,282.76	8,385,946.40	8,290,287.56	43,645,492.42
Payments	934,455.45	9,101,520.25	15,210,440.00	8,274,611.00		33,521,026.70
Balance			1,722,842.76	111,335.40	8,290,287.56	10,124,465.72

Together with the UE, visits were made to the eight Health Areas, to review documentation on expenses incurred with counterpart funds.

Recommendations for improvements in procurement were made and follow-up to ensure compliance with the guidelines and procedures was made.

Support was given to the UE for the follow-up of budget and financial spending of counterpart funds. Follow-up was given regarding the provision of necessary inputs supplied to staff who are supporting activities under the Agreement, as well as follow-up on the registration and control of fixed assets, supplies, fuel and vehicles, etc.

The *Unidad Ejecutora* and *Calidad en Salud* collaborated to monitor the registration and inventory control of computer, audiovisual, medical and mass media equipment, acquired with donated and counterpart funds in the Health Area of Sololá and districts. Monitoring continued of the provision of materials and the recording and control of fixed assets, supplies, fuel and vehicles.

Training

In order to improve the budget and financial execution within the UE and the eight Health Areas, information and guideline activities regarding norms and procedures for the management of funds were provided. This training involves all aspects of financial management.

Meetings were held with financial personnel from the MSPAS to discuss the management of counterpart funds by the PNUD. Of the counterpart funds for 2003, payment of Q.8,274,611.00 was made, an amount that will cover the majority of counterpart funds for the current year. An additional transfer of funds was requested from the MSPAS and a payment of Q. 841,736.63 to the United Nations Fund for Population Activities (UNFPA) was obtained for the purchase of contraceptives.

Table 27: Counterpart Contribution (Figures in Quetzales)

With respect to the revolving fund assigned to each Health Area in December 2002, which should have gone through in January 2003, only the health Areas of Quiché, Ixil and the *Unidad Ejecutora* have submitted their accounts; this is worrying, since it shows a low level of implementation in the remaining Health Areas, possibly because their financial needs were overestimated or because the administrative and financial processes set up have proved difficult.

Personal testimony from the staff of the Health Areas indicate that thanks to counterpart funding the Areas and services have been able to equip themselves, because with regular funding they have not been able to carry out any investment for several years. The Health Area Director in Quiché, aware of the above, has stated, "What we will do now with the support we have received from the counterpart funds of the *Convenio* is to improve health by better use of the regular funding and make future programs sustainable."

Limitations

The main constraints identified were:

- Lack of follow-up regarding compliance with programming of funds
- Limited human resources at all levels
- Lack of training for new personnel in the eight Health Areas in the procurement of goods and services
- Lack of communication between technical and administrative personnel regarding compliance with supporting documents for the procurement of goods and services
- Delay in the implementation of software developed for an accounting system to record and monitor counterpart funds in the UE and the eight Health Areas

2.4. Result 4: Greater Community Participation and Empowerment

- Community Members Actively Participate in Decision-making Concerning MCH Programs
- Greater Community Control Over Factors that Determine Health Status

The two major objectives under the community participation (CP) component of *Calidad en Salud* involve actively engaging communities, both in terms of decision making and direct participation, in improving the health of women and children and the overall quality of health care services available to them. Initially, the program focused on developing and testing a four-step community participation methodology. When AIEPI AINM-C was conceptualized and officially launched in April, 2002, the CP methodology was reorganized and incorporated into the training of personnel involved in executing this integrated community health delivery model. Given the inter-relationship between community participation and the promotion and prevention activities outlined under AIEPI AINM-C, a decision was made to combine the reporting or both under Result 4. (See Result 2 for additional discussion of AIEPI AINM-C promotion and prevention activities and Result 1 for the report on the integrated case management component of AIEPI AINM-C).

2.4.1. Community Participation Model

The four-step community participation model was developed by *Calidad en Salud* to promote greater community participation and empowerment. It's overall objective is to increase the responsibility of communities for improving health services, as well as promoting behavior change in health practices at home. The strategies defined to accomplish this are: 1) supporting the training of NGO personnel and community agents (FC and VS) in basic program administration and participation in AIEPI AINM-C and 2) expanding training processes that have already been improved.

During the first quarter of 2003, two important activities were carried out: a documentation of training and implementation activities related to the four-step community participation methodology in the Chimaltenango Health Area; and training in the four-step methodology in Huehuetenango. Lessons learned through this documentation process will be used during the expansion of community participation in other health areas. In the San Marcos Health Area training began in Stage 1of the community participation methodology, know as the "Organization of Community Work," as part of the operations research being conducted on alternative extension of coverage models.

Planning

Specific activities carried out included: the development of a plan for the documentation related to training and implementation of the four step Community Participation Methodology; communication of the documentation plan to the *Calidad en Salud* team, UPS1 and the Chimaltenango Health Area Directorate; and the creation of a training plan for both the Huehuetenango and San Marcos Health Area Directorates.

Training

The Health Area teams from the Huehuetenango and San Marcos Health Areas carried out training of health districts personnel. In Huehuetenango, training in all four steps of community participation was conducted for the first time. In San Marcos, training in the first step of the community participation methodology was carried out to support the operations research, in coordination with UPS1. A total of 2 rural health technicians (TSRs), 6 auxiliary nurses, 6 institutional facilitators (FIs) and 10 community facilitators (FCs) were trained in Huehuetenango. In San Marcos, 4 TSRs and 4 FIs were trained in step one, the "organization of community work".

The personnel trained in Huehuetenango committed themselves to training the respective NGOs and community level personnel (*vigilantes de salud*) in two communities in this Area. The personnel in San Marcos agreed to carry out an inventory of key people with the instrument supplied as part of the training, and to organize community assemblies to select vigilantes and community facilitators as part of the operations research on alternative models of extension of services.

Documentation on training and implementation of community participation methodology

The documentation activity was carried out in four communities in Chimaltenango: Pacoxpon, Manzanillo, Xenimaquim and Xeabaj, which had previously been identified as the most successful in applying the community participation methodology. The objectives of the documentation were: a) to collect and critically analyze information on the training and implementation process at the community level, in the priority Health Areas in general, but with emphasis on Chimaltenango, and b) to recommend specific actions to improve the implementation of the community participation methodology as part of the AIEPI AINM-C training strategy. To achieve these objectives, a review of documents was conducted and interviews were held with institutional and community personnel as well as community leaders.

Results

The main findings of this documentation and analysis process included:

- Training was effective considering that 95 percent of community leaders were able to identify the causes and effects of the problem prioritized using the "problem tree" methodology with *vigilantes* and community facilitators.
- Of the total number of vigilantes who collected the information for the *sala situacional* diagnosis, 56 percent said it was difficult to interview the mothers about PF and pregnancy.
- Of the the vigilantes that were interviewed, 66 percent said that the support materials currently available are not easy to use given the low level of schooling of this type of personnel.
- The last two stages of the community participation methodology have not, apparently, been applied in practice. Although 75 percent of communities demonstrated some successes, they did not have a written local action plan.
- All (100 percent) of community personnel who were interviewed considered that the presentation and analysis of the community *sala situacional* was a key factor, because it achieved the participation of community leaders in resolving health problems.

- Half (50 percent) of the institutional facilitators who were interviewed stated that to achieve results in community participation, monitoring of activities should be included in the Unified Information System (SUI), given that outcomes are currently measured in terms of service performance.
- One-quarter (25 percent) of institutional facilitators who were interviewed said that it would be good if community presentations (*asambleas*) were carried out at the beginning of the year, so that the new authorities could take more active responsibility in follow-up.

Success factors

The documentation process highlighted several factors in the successful application of the four step community participation methodology, including:

- Adaptation of a workplan by members of the Basic Health Team in the presentation and analysis of the *sala situacional* with community leaders
- Direct involvement of the institutional facilitators and ambulatory physicians with the *vigilantes* in the creative production of the community *sala* situacional using drawings and cut-outs
- Presentation and analysis of the *sala situacional* in the local language, and
- Support from the extension of coverage coordinator

The following table summarizes the findings in the four communities visited.

Table 28: Principal Findings of the Successful Application of the Community Participation Methodology in Four Communities

Community	Problem Prioritized	Decision to Solve Problem	Successes Achieved
Pacoxpón	Lack of water in the community	Action to bring water into the community	Approval of a public fountain through shares and Municipality
Xenimaquim	Lack of water treatment.	Families to boil and chlorinate water Action to circulate water distribution tank	Cleaning of water distribution tank. More families chlorinate and boil the water they consume.
Manzanillo	Mothers who do not wish to vaccinate their children under 1 year old	Awaiting follow up	
Xeabaj	Families who do not carry out family planning	Point out the causes and effects of the lack of family planning in the community assembly.	Authorities accompanied *vigilantes* and community facilitators to give organized group talks. Presentation of problem in the community assembly.

Recommendations

The main recommendations that came out of the documentation and analysis process include the following:

- Provide adequate follow-up to the community participation methodology as part of the roll-out of the AIEPI AINM-C strategy in each of the priority Health Areas
- Create new support materials for the *vigilantes* and community facilitators, using simple language and graphics that are easier to understand
- Define and incorporate monitoring indicators for community participation activities in the Unified Information System (SUI)
- Train *vigilantes* and community facilitators in administration skills so that they can help community leaders to follow-up plans and decisions made by community members
- Present and analyze the *sala situacional* in each community, at least once at the beginning of each year, in order to encourage follow-up of local action plans by community leaders
- Provide additional technical assistance to institutional facilitators so that they can better support *vigilantes*, community facilitators and community leaders to create, implement, monitor and evaluate local action plans

2.4.2. IMCI-Integrated Child and Women Care at Community Level Promotion and Prevention Component

Introduction

The Promotion and Prevention (PP) component of the AIEPI AINM-C strategy has been designed to support and strengthen the extension of coverage process in the eight priority Health Areas of *Calidad en Salud*. The PP component of the AIEPI AINM-C strategy is intimately linked to the objectives of Result 4, especially given the active participation of *vigilantes* and community facilitators in the execution of promotion and prevention activities in their respective communities. Furthermore, the community generally chooses *vigilantes* during community assemblies. Under AIEPI AINM-C, the *vigilantes* volunteer functions include: a) coordination of monthly monitoring and growth promotion sessions for children under two years of age, providing an opportunity for nutritional counseling and a variety of other health interventions related to both children and women, and b) home visits to up to 20 families with children under five to do follow-up counseling and evaluate health problems. To assist in carrying out their tasks, a comprehensive set of IEC counseling materials have been developed in collaboration with the GTI-IEC. (See Result 2 for additional details.)

Mothers of children under two are also involved the review and analysis of health information in the community *sala situcional*. Through their participation with key members of the community, local authorities and the populace in general, in the *sala situacional*, mothers are motivated to seek solutions to individual and household-related problems and are empowered to offer their ideas to improve the performance of the public health services available in their communities.

During the first quarter, 100 percent of the training personnel of the priority Health Areas and District Management teams received training related to AIEPI AINM-C. All ambulatory physicians and institutional facilitators were trained in the logistical system for medicines and contraceptive methods, in coordination with *Calidad en Salud's* support systems component, APROFAM and UPS1, to ensure an adequate response to the demand created by the community level personnel. (See additional discussion under the AIEPI AINM-C Integrated Case Management component in Result 1.). The design and field-testing of the training manual for community volunteers was completed by *Calidad en Salud*, in coordination with the UPS1 technical team and the *Unidad Ejecutora*. The National Reproductive Health Program (PNSR) was successfully integrated into the AIEPI AINM-C technical

management team, and inter-institutional coordination to reinforce the monitoring and supervision systems was spearheaded by the PNSR.

Planning

As part of organizing community level activities, regular planning meetings have been held with UPS1 and the *Unidad Ejecutora* to establish workplans for the implementation of AIEPI AINM-C in the eight prioirty Health Areas, Districts and the various extension of coverage NGOs who currently have contracts with MSPAS. Unprecedented cost sharing has been achieved and regular review of the implementing budget for AIEPI AINM-C has been coordinated with *Pro Redes Salud*, the *Unidad Ejecutora* and *Calidad en Salud*, using as a basis the updated personnel information (Basic Health Teams) of the certified NGOs.

Coordination with the National Reproductive Health Program has also improved, with their becoming actively involved in reviewing both IEC and training materials, and in participating in trainings related to both the Integrated Case Management and Promotion and Prevention components of AIEPI AINM-C. Currently, the PNSR is directing inter-institutional coordination to strengthen the monitoring and supervision system at the community level. This coordinated effort also involved *Pro Redes Salud*, UPS1, JHPIEGO, the *Unidad Ejecutora* and *Calidad en Salud*.

Development of IEC materials

The training materials for trainers (generally institutional facilitators) of the community personnel (vigilantes) was re-designed during this quarter, with the creation of three distinct modules, each one based on three-day training sessions and corresponding to a set of counseling materials. Module I corresponds with growth monitoring and promotion, the promotion of breastfeeding and the introduction of complementary foods; Module II deals with the prevention of diseases and the importance of vaccinations; and Module III focuses on family planning, maternal health, pre-natal, post-partum and neonatal care. These modules were developed in close coordination with the technical personnel of UPS1, the normative Technical Coordinator of AIEPI AINM-C, and other counterparts in the PNSR and *Unidad Ejectora*, with technical support from *Calidad en Salud*. The manual was field-tested in the San Marcos Health Area with the participation of eight rural health technicians (TSR), eight people from the area technical team and three technicians from the central level (UPS1, the *Unidad Ejecutora* and *Calidad en Salud*). The most important outcome of this collaboration was the strengthening of the methodology and the addition of techniques focused on more hands-on practice and less theoretical content. Also greater attention has been given to the time assigned for the individual trainings sessions and the content more adequately reflects the level of schooling of the participants (*vigilantes*).

The design of the integrated set of IEC/BCC counselling materials, consisting of three modules of laminated cards, reminder leaflets and various promotional brochures (see Result 2 for details), was finalized to support the community level promotion and prevention component. Modifications were based on the results of the operational study carried out in the Ixil Area. The content and illustrations found in the new training manual have incorporated references to the modified materials as described above. The counselling modules are essential tools for the community volunteers, and are intended to improve counselling and interpersonal communication during home visits and monthly growth monitoring and promotion sessions.

Training

During the first quarter of 2003, institutional facilitators in the eight priority Health Areas were trained as trainers of the community volunteers, with emphasis on developing technical competence in adult education and basic aspects of interpersonal communication and counselling techniques. Trainees were oriented in the use of the integrated package of counselling materials, the list of children under two years, the referral counter-referral brochure, the reminder leaflets for families and the integrated health card, which includes the growth chart, the immunization table, the intake of micronutrients, and deworming medicine.

Induction workshops for AIEPI AINM-C were held with 17 people at the managerial and operational levels of Catholic Relief Services (CRS), SHARE, CARE and Save the Children (all NGOs with USAID contracts), with 11 people at the management level of the Guatemalan Institute for Social Security (IGSS) and 15 technical people from

the Catholic Relief Services. The objective of these trainings was to expand the implementation of the strategy through other organizations.

Annex C summarizes the AIEPI AINM-C promotion and prevention-related training workshops carried out with the Basic Health Teams of the Extension of Coverage NGOs currently under contract with the MSPAS, as well as induction workshops.

Supervision, monitoring and evaluation

During this quarter, *Calidad en Salud* has supported and technically empowered the National Reproductive Health Program to conduct meetings for reviewing and improving the community level monitoring and supervision system. The objective of this system is to guarantee the quality of both the promotion and prevention as well as the curative aspects of AIEPI AINM-C. These meetings have been held with the participation of UPS1, *Pro Redes Salud*, the *Unidad Ejecutora*, JHPIEGO and *Calidad en Salud* technical personnel.

Also during the first quarter, trainings were monitored in the eight priority Health Areas, using a verification checklist for the trainer's performance, to help guarantee the quality of the replication or cascade trainings at the community level. The methodology was designed in a way that allows feedback to the trained personnel to improve their performance. This monitoring is linked to supervision facilitation, as a management tool that encourages the use of information to identify problems, analyze the causes and seek solutions as a team. (See Result 3 for additional details.)

In coordination with the *Cadidad en Salud* technical team, a review of indicators for monitoring and supervision facilitation was held, for both the Integrated Case Management and Promotion and Prevention components of AIEPI AINM-C.

Institutionalization

To carry out the implementation plan for AIEPI AINM-C, a core team of trainers has been organized at the central level, from Health Areas, Districts and NGOs. This team received a training of trainers to improve their overall ability to execute a cascade of trainings throughout the eight priority Health Areas during 2003.

During this quarter, the new national growth monitoring and promotion norm on monthly weighing and use of the Minimum Expected Weight (MEW) Table was officially presented in February.

The *Calidad en Salud* technical team began reviewing the procedures used in producing the MSPAS Annual Operational Plan (POA) with the aim of creating a proposal for improvement, which would enable the integration of AIEPI AINM-C activities with a systemic focus, and promote the establishment of regular funding schedules to finance these community level activities.

Limitations

The main limitations related to the implementation of the promotion and prevention component of AIEPI AINM-C during this quarter were:

- There have been repeated delays in the finalizaton and review of training materials due to the lack of human resources in UPS1.
- The final design and reproduction of the of the integrated package of IEC/BCC counselling materials is behind schedule due, in part, to delays in the technical review by the central level technical team, including the National Nutrition and Food Security Program (PROSAN), the National Reproductive Health Program, UPS1 and other collaborating organizations such as *Pro Redes Salud* and JHPIEGO.
- The delay in payments by the MSPAS to the extension of coverage NGO currently administering a basic health services contract in Ixil has caused the cancellation (or postponement) of follow-up of community

volunteers in communities where the implementation of the promotion and prevention component of AIEPI AINM-C was underway.

3. RESULT 5: IMPROVED USE OF VARIOUS MATERNAL-CHILD HEALTH SERVICES PROVIDED BY THE IGSS

Introduction

The first quarter of 2003 was a highly productive and successful period for *Calidad en Salud* under Result 5, with all targets met and programmed activities accomplished. Several major actions taken by the IGSS Board of Directors during February had a significant impact on institutionalizing several long-term technical assistance goals. First of all, the Board approved the creation of the Department of Social Communication and Public Relations that will include an IEC section with its own human and financial resources. Secondly, the Board agreed to extend the Institute's *Maternidad y Enfermedad* program coverage nationwide, to all 22 Departments during 2003. Previously, only 11 of the Departments benefited from this program. The increased coverage will allow more working families to have access to the health services offered by IGSS, including FP and IMCI. The President of the Board of Directors and the *Subgerencia Médica* accepted *Calidad en Salud's* offer to train all new personnel in FP and IMCI.

Through the Management Agreement 10/203 of March 25th, authorization was granted to use the *Manuales de Administración Logística de los Anticonceptivos* stressing the importance of improving management of these manuals and the quality of service when they are provided.

The plans for 2003 include:

- Institutionalization of processes to enable IGSS to produce its own IEC materials
- Improvement of logistics systems
- Improvement of supervision and provision of information

The plans for 2003 will improve the administration of IGSS's *Materno Infantil* programs with higher quality in women and children's services provided to a larger clientele nationwide (See Annex D).

3.1. Sub-Result 1: More families Use Families Use MCH Services

3.1.1. Family Planning Results

The aim of the first quarter in FP was to reduce medical barriers and increase the promotion and continuity of contraceptives used while improving the quality of services. To meet these goals, the process of training personnel and the systemic improvement of logistics, information and supervision systems has continued.

Indicators

Number of New Acceptors of FP by Method, 2003 (IGSS)

During the first quarter, 7,407 new couples (23% of the target) initiated the use of a contraceptive method to space pregnancies. Injectables continue to be the preferred method followed by condoms and AQV-female.

Table 29: New Acceptors of FP by Method, 2003

Method	New Users	2003 Target	%	Mixture
AQV- female	1,191	5,647	21.1	16.1%
AQV-male	93	330	28.2	1.3%
IUD	534	2,833	18.8	7.2%
Condom	1,414	5,873	24.1	19.1%
Oral	541	2,993	18.1	7.3%
Depo-Provera	3,414	14,576	23.4	46.1%
Norplant	87	-	-	1.2%
Natural methods	133	337	39.5	1.8%
New Users	7,407	32,589	22.7	100.0%

CYPs by Contraceptive Method, 2003 (IGSS)

AQV-female produced the greatest number of CYP, followed by injectables. Plans to strengthen postpartum FP services in the future are in progress and improvements are expected with an increase in access to IUD insertion.

Table 30: CYPs by Contraceptive Method, 2003 (IGSS)

Method	CYPs	2003 Target	%	Mixture
AQV- female	13,101	60,464	21.7	54.3%
AQV-male	1,023	3,533	29.0	4.2%
IUD	1,869	10,687	17.5	7.7%
Condom	1,215	5,024	24.2	5.0%
Oral	841	4,069	20.7	3.5%
Depo-Provera	5,624	25,672	21.9	23.3%
Norplant	305	-	-	1.3%
Natural methods	155	446	34.7	0.6%
Total	24,133	109,895	22.0	100.0%

AQV-female

As stated in previous quarterly and annual reports, women should have access to methods for limiting pregnancies (AQV-female) during their reproductive years and not only during a cesarean section, where AQV is considered a routine medical procedure for high risk pregnancies.

In IGSS, only 41% of the surgical interventions occur during cesarean sections, indicating the adequate access clients have to AQV services.

Table 31: AQV-female

AQV-female	1st. Qrtr.	%
Cesarean	486	40.8
Post-partum	532	44.7
Post-abortion	5	0.4
In Between Pregnancies	168	14.1
Total	1,191	100.0

Natural Family Planning (NFP) Methods

As a result of the training on natural methods offered last year to IGSS providers, a total of 133 new acceptors of NFP were reported during this quarter.

Table 32: Natural Family Planning Methods

Natural Methods	New Users	CYPs	%
MELA	74	37	55.6
Neckace	59	118	44.4
Others	-	-	-
Total	133	155	100

Number of IUD Insertions per Healthcare Facility

The following table indicates hospitals and *consultorios* where 534 insertions of Copper T-380-A were reported.

Table 33: Hospitals and *Consultorios* with IUD Reported

Method	IUD Insertion	CYPs	%
Gyneco Obstetricia	371	1,299	69.5
J.J. Arévalo	38	133	7.1
Periférica 5	54	189	10.1
Periférica 11	4	14	0.7
Escuintla	13	46	2.4
Mazatenango	5	18	0.9
Sacatepéquez	14	49	2.6
Santa Lucía Cotz.	4	14	0.7

Method	IUD Insertion	CYPs	%
Amatitlán	16	56	3.0
Patulul	0	0	0.0
Tiquisate	0	0	0.0
Others	15	53	2.8
Total	534	1,871	100.0

Table of Monitoring and Performance Indicators

New indicators were incorporated into the monitoring table as promised in the work plan of 2003.

Other indicators were omitted because their target had been met, such as: training centers; hospitals and service units with FP programs; training and monitoring at the community level in Escuintla and Suchitepéquez; the production and distribution of IEC materials; and, the creation of the FP database.

On March 29, 27 residents of *Gineco Obstetricia* were trained in the use of the FP guidelines and provision of services manual. On April 5, 24 more residents will be trained for a total of 51. The nursing students will be trained in July.

Technical assistance continues to be provided for the IGSS training centers, *Gineco Obstetricia* and *Dr. Juan José Arévalo* hospitals, where institutional personnel are continually trained in FP services.

Calidad en Salud is still waiting for the Human Resources Department's authorization to develop the postpartum contraception program with the assistance of a consultant for the in-service training. This is planned for the next quarter.

In-service training tutorials in the *Hospital de Sololá* were initiated, along with a plan to improve interpersonal communication and counseling skills. The tutorials covered topics including health promotion, use of IEC materials, supervision systems, information and logistics.

It is gratifying to report that all of the divisions of IGSS have IEC materials on FP that are being adequately utilized by social workers and health educators.

According to the *Acuerdo de Gerencia* that approved the *Manuales de Adminstracion Logística, Calidad en Salud,* in coordination with *Materno Infantil* and the *Dirección de Planificación Estratégica,* will train service providers, as well as pharmacy and warehouse personnel in this tool starting next quarter.

Table 34: Monitoring and Performance Indicators

Indicator	2003 Target	%
CYP	109,895	22
New acceptors	32,589	23
Training in counseling, use and application of the Family Planning guidelines manual for Gyneco-Obstetrics hospital doctors and nursing students	100%	20
Trimestral monitoring of the 2 training centers	100%	25
% of services with tutoring	50%	5
% of women who leave with a contraceptive method after giving birth	50%	ND[3]
% of services offering natural methods	60%	30
Creation of the Information, Education and Communication section, in the Public Relations Department of the Guatemalan Institute for Social Security	100%	100
% of Family Planning services supplied with Information, Education and Communication material	100%	100
% of Family Planning services supervised quarterly by central level	75%	10
% of Family Planning services supervised monthly by local level	90%	30
% of Family Planning services that analyze local information monthly	75%	30
% of Family Planning personnel trained in logistics	90%	80

Organization and planning

Technical assistance was continued for the FP technical group of the Institute to improve the group's abilities in administrative management and service provision through monthly organization and planning meetings.

Officialization

Materno Infantil approved the training plans of IGSS and *Calidad en Salud*. The plans also were incorporated into the operational plan of the Training and Development Division to ensure that the performance of the institution's personnel improves and that better care for women and children is provided.

Materials, guidelines and handbooks

The *Subgerencia Médica* authorized the printing of the FP guidelines manual, which fulfills the criteria of WHO and is in accordance with the directions of the National Reproductive Health Guides of the MSPAS.

[3] For next quarter

Training (See annex C)

Twenty-six out of 52 residents from the postgraduate Obstetrics and Gynecology program were trained in counseling and knowledge and application of the FP guidelines. The remainder of residents will receive training on in April. The residents are the key service providers for women at the tertiary care level of the Institute.

With the training of 95 community level personnel in the Suchitepéquez Region in natural methods, 30% of institutional services are now offering these methods to promote spacing between pregnancies.

In-service tutoring was started in the Sololá Hospital with the aim of improving the performance of the personnel within their service area.

3.1.2. IMCI and Child Health Results

The application of the IMCI strategy has proven effective and is appreciated by childcare personnel. It has enabled the systemization of care processes and the development of the prevention component by increasing the number of basic procedures available that improve the knowledge and health practices of both providers and families.

Table of monitoring and performance indicators

New indicators were incorporated into the table as promised in the work plan of 2003. Other indicators were omitted because their target had been met, such as:

- Induction into IMCI concepts at administrative levels
- Training facilitators
- Formation of six training centers
- Production of IEC materials
- Training in the application of the strategy at the community levels in Escuintla and Suchitepéquez.

With the training of personnel at the community levels in Escuintla, Sololá, Quiché and Zacapa, 85% of the training goal was reached during this quarter.

Taken from the central and local supervision processes, the results for personnel trained during the next quarter will be evaluated when compliance with the technical guidelines (Procedures Chart) in selected child care centers is verified.

Personnel from *Materno Infantil* were introduced to IMCI, as a first step towards implementing IMCI at the community levels in Escuintla and Suchitepequez, planned for next quarter.

The process of local support supervision for the facilitators of IMCI has been initiated with the help of the central level personnel. Tutorials were also initiated in Zacapa, Puerto de San Jose and Sololá which served to strengthen the development and application of the strategy.

In coordination with *Materno Infantil*, IEC material on IMCI was distributed to 60% of the IGSS *unidades de atencion*, with comprehensive instructions for the use of the materials by both providers and users. In the next quarter, 100% of the *unidades de atencion* will receive the materials.

Table 35: Monitoring and Performance Indicators

Indicador	2003 Target	%
% of childcare services personnel trained to apply the strategy	90%	85
% of trained childcare services personnel who fulfill technical guidelines	65%	ND[4]
Training in applying the strategy to pediatric hospital doctors and nursing students	100%	0
Quarterly monitoring of the 6 training centers	100%	25
Induction into IMCI Integrated Child and Women Care at Community Level strategy at administrative levels of Maternal and Infants group	100%	100
% of personnel from basic health teams trained in applying IMCI Integrated Child and Women Care at Community Level strategy	90%	0
% of services with tutoring	50%	10
% of childcare services supplied with Information, Education and Communication material	100%	60
% of childcare services supplied with medicines	75%	ND[5]
% of services supervised quarterly by central level	75%	10
% of services supervised monthly by central level	90%	30
% of services analyze local information monthly	75%	30
% of complete vaccinations in children of 12 to 23 months	80%	ND[6]
% of children under six months breast-fed exclusively	50%	15
% of use of TRO or consumption of liquids during diarrhea episodes	75%	75
% of cases of pneumonia treated by services provider	85%	ND[7]

Organization and planning

The *Materno Infantil* and 76 members of the Medical Records personnel combined efforts to standardize the clinical record card for children in all maternal and child care units. This improvement will make it possible to collect information annually and will greatly facilitate the evaluation of the strategy's effectiveness.

Training (See annex C)

Eighty-five percent of the personnel in the welfare units of Masagua, Zacapa, Quiché, Gualán, Sololá, San Lucas Tolimán and Amatitlán and the newly employed personnel in Escuintla were trained to apply the IMCI strategy.

The *Materno Infantil* administrators were included in the AINM-C strategy training. This change is the first step towards the implementation of the strategy in Escuintla and Suchitepéquez scheduled next quarter.

[4] Will be measured through supervision of central and local levels
[5] Will be measured through supervision of central and local levels
[6] This Guatemalan Institute for Social Security indicator is difficult to measure, because access is gained to vaccination services only if the parents of the child are working and demonstrate entitlement every 4 months. Variable population.
[7] Will be measured through central and local supervision

3.1.3. IEC Results

Technical assistance provided to the *Calidad en Salud* has improved ever since the creation of the Department of Social Communication and Public Relations and the Integrated Program for the Diffusion of Social Security and Health Education by Levels (*Programa Integrado de Difusión de la Seguridad Social y Educación para la Salud por Niveles*). As a result, the design and implementation of IEC strategies in this new department will promote positive changes in maternal and child health.

Organization and planning

One hundred percent of health services include FP information and IEC materials and 60% include IMCI materials utilized in the most part by social workers and health educators. *Materno Infantil* and the Social Communication Department will work together to ensure that 100% of the targets for both programs will be met during the next quarter.

Officialization

The restructuring of the Department of Public Relations to create the Department of Social Communication and Public Relations, including an IEC section, was unanimously approved during the IGSS Board of Directors meeting on January 23, 2003.

Materials, guidelines and handbooks

The format of the FP Guidelines Manual was redesigned and printed, as authorized by IGSS.

The first information bulletin of IGSS-*Calidad en Salud*, "Quality in Women and Health Care" was created as an information tool for administrative and service providers. The bulletins include the achievements and plans of IGSS to improve maternal and child health.

Binders containing the IEC strategy for FP and IMCI were finalized. They will be used as information tools for *Materno Infantil* and the Department of Social Communication.

A vaccination poster was designed and 59 copies were printed for use during demonstrations and group talks by health educators to inform mothers about vaccination schedules and the importance of timely receipt of vaccinations.

3.2. Sub-Result 2: MCH Programs are Better Managed

3.2.1. Support System Results

In coordination with *Materno Infantil*, training and development, medical auditing, medical records and social communication of IGSS supervision of information provision and logistics systems are improving.

Organization and planning

Calidad en Salud and *Materno Infantil* combined efforts to supervise and monitor the action plans created by the hospitals and *consultorios* to improve the quality of care of FP and IMCI services.

Both groups agreed to create a general logistics system that would illustrate trends and projections of consumption of contraception methods in each care unit. Plans to implement the logistics system are scheduled for the next quarter.

Manuals, guidelines and handbooks

With the help of *Calidad en Salud*, IGSS finalized the Manuals of the "Guatemalan Institute for Social Security Logistical Guidelines and Procedures for Contraceptives" and the "Guatemalan Institute for Social Security Conceptual Framework for the Logistical Administration System for Contraceptives". (The manuals were officially recognized in the Management Agreement No 10/2003 dated March 25, 2003.)

The manuals will help to improve the provision of contraceptive supplies and the quality of FP services.

Training (See annex C)

56 supervisors from the departments of medical auditing, internal auditing and extension of coverage were trained in supervision facilitation. The training process started with administration in the Escuintla care units. Training included methods that can document and analyze information in FP and IMCI.

A change of management in the Institute (General Manager, Deputy General Manager and others in the executive and administrative levels) in this quarter has once again limited continuity in the work plans.

Institutionalization

Several steps were taken during this quarter toward institutionalizing various aspects of *Calidad en Salud's* technical assistance, including:

The creation of the Department of Social Communication and Public Relations, including an IEC section, is a primary institutional achievement that occurred during this quarter under Result 5. Although this restructuring was strongly recommended by *Calidad en Salud* during the first year of the project, it has taken two years to become a reality. The IEC section will include human resources (section head, social communicator, pedagogue, designer and illustrator) and financial resources assigned by IGSS, making it possible to design communication strategies and reproduce materials IGSS beneficiaries.

As a result of the supervision facilitation training workshops, *Materno Infantil* management has designated their supervisor as the responsible party for replicating the training in the Institute.

Human resources training for IGSS will consist of the transfer of both knowledge and skills as part of the institutionalization process. IGSS will utilize a skilled trainer to provide continuity to this process.

The Management Agreement authorizing the application of *Manuales de Administración Logística de Anticonceptivos* to contraceptive supplies is another example of Institutionalization. IGSS will have its own tools that will enable not only better provision and checks of contraceptives, but that will also lead to better service provision.

Equipment[8]

IGSS began to purchase the minimal equipment needed to apply IMCI and AINM-C at the community level. Audiovisual and computer equipment for selected care centers also was purchased according to needs and magnitude of services. Official presentation of the equipment is planned for the following quarter**.**

3.3. Limitations

A change of management in the Institute (General Manager, Deputy General Manager and others in the executive and administrative levels) in this quarter has once again limited continuity in the work plans.

[8] Authorized in the work plan and budget for 2003

4. ADMINISTRATION

Unidad Ejecutora

Calidad en Salud continues to support the UE in administrative and financial management at the central and regional levels, training new Health Area personnel regarding procedures for procurements and overseeing the programming of counterpart funds.

Calidad en Salud project funds are utilized in conjunction with counterpart funds and are used for training, reproduction of materials, equipment, and related activities. For example, *Calidad en Salud* donated a computer, and printer to PROSAN for their micronutrient activities. On March 24, 2003 *Calidad en Salud* supported SIAS by providing on load a computer and printer (This equipment must be returned to the program by the end of Zoel Leonardo´s management in the abovementioned unit).

A more detailed description of *Calidad en Salud´s* support to the UE is included in this report under Result Three.

Staffing

Staffing changes during the quarter include:

- Dr. Fidel Arévalo resigned as manager of the OR AEC-PS in December 2002. Consultant Irene Monzón was hired as the new local manager and Consultant Nelly de la Torre was hired as the local facilitator for the OR AEC-PS in January 2003.
- Engineer Alejandro Rizzo and Rogelio Alvarez were hired in February to develop the georeferenced information system for UPS1 and *Calidad en Salud*.
- Dr. Edmundo Dominguez, AIEPI technical advisor resigned in February.
- Dr. Victor Rodas, ATR for Jutiapa, Jalapa and Santa Rosa left his position in February to become the new family planning technical assistant for *Calidad en Salud*, a position funded by JHPIEGO. Lissette Castellanos replaced Dr. Rodas as the new ATR in March.
- Leonel Vásquez, FI of the San Marcos Area was terminated in March. A replacement will be recruited.

Meeting with partner organizations

On February 20, 2003, a meeting was held in Bethesda, Maryland with representatives of the subcontractors. The meeting was attended by the Chief of Party. Unfortunately, EngenderHealth and Population Council did not attend the meeting due to inclement weather in the DC metropolitan area.

Procurement

Calidad en Salud supported the procurement of family planning equipment for IGSS and MSPA and assisted in the distribution of IUD insertion kits, vasectomies and AQV-F to the health districts of the MSPAS nationwide.

5. BUDGET AND EXPENDITURES

The following table presents budget categories and amounts, available balance, expenditures for the quarter and expenditures to-date.

Table 36: Budget, expenditures, balance and projections

Category	Budget	Balance Available	Expended to Date	Expended this Quarter Jan-March 2003
FT Direct Labor	$1,113,344	395,296	718,048	60,348
Fringe Benefits	$377,469	135,650	241,819	20,429
CCN Salaries and Benefits	$3,256,239	838,914	2,417,325	334,536
Allowances	$390,860	125,536	265,324	17,175
Overhead	$770,117	223,722	546,395	64,874
Consultants	$462,814	344,383	118,431	20,148
Travel, Perdiem & Transp.	$475,873	(14,362)	490,235	40,273
Training & Program Activities	$894,336	384,790	509,546	37,665
Non-expendable Equipment	$290,033	107,476	182,557	0
Equipment for MSPAS & IGSS	$293,101	16,883	276,218	4,113
Other Direct Costs	$1,727,464	345,559	1,381,905	67,996
Subcontracts w/ G&A	$985,318	335,066	650,252	18,185
Subtotal	$11,036,968	3,238,912	7,798,056	685,742
G&A	$1,986,655	583,002	1,403,653	123,434
Excess Subcontracts	$1,384,061	815,641	568,420	9,378
Total Cost	$14,407,684	4,637,555	9,770,129	818,554
Fixed Fee	$504,268	162,312	341,956	28,650
Less funds received from USAID/Washington			(10,000)	
Total Cost plus Fixed Fee	$14,911,952	4,799,867	10,102,085	847,204

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ANNEX A
INSTRUMENTO PARA MONITOREAR AVANCE EN AREAS DE SALUD

	INDICADORES	FUENTE	LOGRO 2001	META 2002	LOGRO 2002**	META 2003	LOGRO ACUMULADO %	LOGRO POR TRIMESTRE				TOTAL ANUAL
								1ro	2do	3ro	4to	
	Tasa de Mortalidad infantil	ENSMI	45 x 1,000 nacidos vivos	41 x 1,000 nacidos vivos*	**39 x 1,000 nacidos vivos****							
	Niños menores de 6 meses con lactancia materna exclusiva	ENSMI	39.0%	50.0% en el año 2,002	**50.6%****							
	Porcentaje de niño/as 12-23 meses de edad, que han recibido todas las dosis de DPT3,Polio3, BCG y Sarampión	ENSMI	60.0%	72.0%*	**62.5%****							
	Cobertura de vacunación en niño/as menores de 1 año para BCG, DPT3, Polio3 y Sarampión, y de 12 a 23 meses para SPR	SIGSA (en las 8 áreas del convenio)										
	BCG	SIGSA	92.2%	90.0%	**94.0%**	90.0%	#VALUE!	22.0%				#VALUE!
	DPT3	SIGSA	91.6%	90.0%	**91.0%**	90.0%	18.0%	18%				18.0%
	POLIO3	SIGSA	91.8%	90.0%	**91.0%**	90.0%	18.0%	18%				18.0%
	Sarampión***	SIGSA	22.7%	90.0%	**98.0%**	90.0%	0.0%					0.0%
	SPR	SIGSA	90.0%	90.0%	**92.0%**	90.0%	19.0%	19%				19.0%
	Uso de terapia de rehidratación oral e ingesta de líquidos en niño/as menores de 5 años durante episodios de diarrea (Sales de rehidratación oral o incremento en la ingesta de líquidos)	ENSMI	59.0%	65%*	**74.4%****							
	Casos de neumonía (tos y respiración rápida) en niño/as menores de 5 años tratados por proveedor de salud	ENSMI	37.0%	45%*	**64.3%****							
	Prevalencia de uso de métodos anticonceptivos (métodos modernos y tradicionales)	ENSMI	38.2%	41.0%*	**43.3%****							
	APPs* (incluye AQV,toda la república)	SIMNA/UE	202,116	218,286	**266,256**	290,076	20.7%	59,914				59,914
	Nuevas usuarias de Planificación Familiar (incluye AQV, toda la república)	SIGSA	153,967	165,000	**213,319**	232,416	24.2%	56,132				56,132
	Tasa Global de Fecundidad	ENSMI	5	4.8*	**4.4****							

ND = No datos

* Metas para año 2002, ENSMI

APPs*= Datos parciales correspondientes a 20 áreas de salud en el mes de febrero y 12 áreas en el mes de marzo.
Area sombreada corresponde a datos de ENSMI que se obtienen quinquenalmente
ENSMI = Encuesta Nacional de Salud Materno Infantil 98/99. SIGSA = Sistema información Gerencial en Salud. SIMNA / UE = Salud Integral de la Mujer, Niñez y Adolescencia, Unidad Ejecutora.
** Basados en el informe preliminar de la ENSMI 2002
Area sombreada corresponde a datos de ENSMI que se obtienen quinquenalmente
*ENSMI = Encuesta Nacional de Salud Materno Infantil 98/99. SIGSA = Sistema información Gerencial en Salud. SIMNA / UE = Salud Integral de la Mujer, Niñez y Adolescencia, Unidad Ejecutora.
** Basados en el informe preliminar de la ENSMI 2002
*** A partir del 2003 solo se usa SPR

Annex B

INSTRUMENTO PARA MONITOREAR AVANCE EN HOSPITALES Y UNIDADES DEL IGSS

				LOGRO POR TRIMESTRE				
INDICADORES AIEPI	**FUENTE**	**LOGRO 2002**	**META 2003**	**1ro**	**2do**	**3ro**	**4to**	**TOTAL ANUAL 2003**
% del personal de los servicios con atención a la niñez que se han capacitado en la aplicación de la estrategia	Sistema de monitoreo del programa	70.0%	90.0%	15.0%				85.0%
% del personal capacitado de los servicios con atención a la niñez que cumple con la norma técnica	Sistema de monitoreo del programa	ND	65.0%	ND				ND
Capacitación en la aplicación de la estrategia a los médicos residentes de pediatría y a los estudiantes de enfermería	Sistema de monitoreo del programa	100.0%	100% 2do. Grupo	0.0%				0.0%
Monitoreo trimestral de los 6 centros de capacitación	Sistema de monitoreo del programa	0.0%	100.0%	25.0%				25.0%
Inducción en la estrategia de AIEPI AIMN-C a los niveles directivos de Materno Infantil	Sistema de monitoreo del programa	0.0%	100.0%	100.0%				100.0%
% del personal de los equipos básicos de salud capacitados en la aplicación de la estrategia de AIEPI AIMN-C	Sistema de monitoreo del programa	0.0%	90.0%	0.0%				0.0%
% de los servicios con tutoría	Sistema de monitoreo del programa	0.0%	50.0%	10.0%				10.0%
% de los servicios con atención a la niñez abastecidos de material de IEC	Sistema de monitoreo del programa	50.0%	100.0%	10.0%				60.0%
% de los servicios con atención a la niñez abastecidos con medicamentos	Sistema de monitoreo del programa	ND	75.0%	ND				ND
% de los servicios supervisados trimestralmente por el nivel central	Sistema de monitoreo del programa	ND	75.0%	10.0%				10.0%
% de los servicios supervisados mensualmente por el nivel local	Sistema de monitoreo del programa	ND	90.0%	30.0%				30.0%
% de los servicios analizan la información local mensualmente	Sistema de monitoreo del programa	ND	75.0%	30.0%				30.0%
% de vacunación completa en niñez de 12 a 23 meses	Sistema de monitoreo del programa	ND	80.0%	ND				ND
% de niñez menor de seis meses con lactancia materna exclusiva	Sistema de monitoreo del programa	15.0%	50.0%	ND				0.0%
% de uso de TRO o consumo de líquidos durante episodios diarrea	Sistema de monitoreo del programa	ND	75.0%	ND				0.0%
% de casos de neumonía tratados por proveedor de servicios	Sistema de monitoreo del programa	ND	85.0%	ND				0.0%
Creación de unidad de IEC	Sistema de monitoreo del programa	50%	100%	50%				100%

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				LOGRO POR TRIMESTRE				
INDICADORES PF	**FUENTE**	**LOGRO 2002**	**META 2003**	**1ro**	**2do**	**3ro**	**4to**	**TOTAL ANUAL 2003**
APP (incluye AQV)	Materno Infantil	99,902	109,895	24,133				22%
Usuarias (os) nuevos (incluye AQV)	Materno Infantil	29,719	32,589	7,407				23%
Capacitación en consejería, uso y aplicación del manual de normas de PF a los médicos residentes de Gineco Obstetricia y a los estudiantes de enfermería	Sistema de monitoreo del programa	100%	100% 2do. grupo	20%				20%
Monitoreo trimestral de los 2 centros de capacitación	Sistema de monitoreo del programa	100%	100%	25%				25%
% de los servicios con tutoría	Sistema de monitoreo del programa	0%	50%	5%				5%
% de mujeres que egresan con un método anticonceptivo luego de un parto	Sistema de monitoreo del programa	ND	50%	0%				0%
% de servicios que ofertan métodos naturales	Sistema de monitoreo del programa	20%	60%	10%				30%
% de los servicios de PF abastecidos de material de IEC	Sistema de monitoreo del programa	100%	100%	100%				100%
% de los servicios supervisados trimestralmente por el nivel central	Sistema de monitoreo del programa	ND	75.0%	10.0%				10.0%
% de los servicios supervisados mensualmente por el nivel local	Sistema de monitoreo del programa	ND	90.0%	30.0%				30.0%
% de los servicios analizan la información local mensualmente	Sistema de monitoreo del programa	ND	75.0%	30.0%				30.0%
% del personal de los servicios de PF capacitados en logística	Sistema de monitoreo del programa	80.0%	90.0%	0.0%				80.0%
% de los servicios de PF abastecidos con anticonceptivos	Sistema de monitoreo del programa	88.0%	90.0%	ND				88.0%
Diseño de indicadores institucionales y ajustes al sistema de información para monitorear AIEPI y PF	Sistema de monitoreo del programa	60%	100%	10%				70%

Annex C – Número de Personal Capacitado por Resultado Durante el Primer Trimestre 2003

MSPAS

Planificación Familiar

Contenido	MD	EP	AU	TS	TSR	ISA	FC	FI	MA	Adm	Otros	Total
Capacitación en entrega de métodos MA, FI	108	1	8	1	0	0	0	72	18	2	6	216
Reforzamiento de consejería centros y puestos	32	19	27	1	0	0	0	6	0	0	5	90
Tutorías centros de salud y seguimiento	5	13	29	1	0	1	1	9	7	0	5	71
Tutorías hospitales AQV	8	3	0	1	0	0	0	0	0	0	11	23
Capacitación DIU y seguimiento	49	24	149	3	2	0	0	19	11	2	46	305
Capacitación a Médicos EPS F CCMM USAC en oferta de métodos de PF	67	0	0	0	0	0	0	0	0	0	0	67
Capacitación en el uso de jeringa Solo Shot	1	1	12	0	0	1	0	0	2	0	4	21
Taller de barreras médicas	0	0	0	0	0	0	0	0	0	0	20	20
Total	**270**	**61**	**225**	**7**	**2**	**2**	**1**	**106**	**38**	**4**	**97**	**813**

AIEPI Clínico

Contenido	MD	EP	Total
Capacitaciones en Monitoreo del Desempeño	89	89	178
Total	89	89	178

Participación Comunitaria

Contenido	MD	EP	AU	TS	TSR	FC	FI	MA	Otros	Total
Capacitación sobre la metodología de los cuatro pasos de participación comunitaria	0	0	6	0	2	10	6	0	0	24
Capacitación sobre participación comunitaria a los encargados de promoción de los distritos de salud	0	0	0	0	4	0	4	0	0	8
AIEPI-AINMC capacitación a capacitadores en el componente de prevención y promoción	0	0	9	0	4	18	187	174	0	392
AIEPI-AINMC capacitación para capacitadores en manejo integrado de casos	22	13	0	0	3	213	4	127	1	383
Capacitación en AIEPI-AINMC	9	7	0	2	0	0	3	0	22	43
Total	**31**	**20**	**15**	**2**	**13**	**241**	**204**	**301**	**23**	**850**

IEC

Contenido	MD	EP	AE	TS	TSR	ISA	FI	VS	Otros	Total
Capacitación en la estrategia y materiales de IEC (AIEPI, PF y SMN)	0	2	27	7	26	2	0	0	31	95
Capacitación sobre pasos de consejería ACCEDA	0	0	0	0	20	0	0	0	1	21
Capacitación sobre las estrategias de IEC para la semana mundial de lactancia materna	0	0	1	7	2	0	0	0	2	12
Capacitación sobre modelo de planes de promoción específica	0	0	0	0	20	0	0	0	1	21
Curso a distancia en Salud de la Mujer	61	1	0	0	0	0	0	0	0	62
Capacitación a Vigilantes sobre la Investigación Operativa de la Tabla de Peso Mínimo, Área Ixil	0	0	0	0	0	0	9	229	0	238
Total	**61**	**3**	**28**	**14**	**68**	**2**	**9**	**229**	**35**	**449**

Sistemas de Apoyo

Contenido	MD	EP	AU	TS	TSR	ISA	FI	MA	Adm	Otros	Total
Administración logística de anticonceptivos para personal de las DAS	12	21	28	2	0	1	0	0	1	29	94
Administración logística de anticonceptivos para personal del MSPAS / distritos y puestos	0	1	6	3	0	0	11	0	0	28	49
Administración logística de anticonceptivos para personal de las ONGs	3	2	16	0	0	0	128	94	38	11	292
Administración logística de anticonceptivos para FA y ATR de Calidad en Salud	0	0	0	0	17	0	0	0	0	0	17
Total	**15**	**24**	**50**	**5**	**17**	**1**	**139**	**94**	**39**	**68**	**452**

IGSS

Planificación Familiar

Contenido	MD	EP	AU	TS	Adm	Prom	Educ	Total
Consejería, uso, conocimiento y aplicación de las normas	26	1	0	0	0	0	0	27
Réplicas de métodos naturales	1	4	20	7	0	62	1	95
Tutorías en servicio	1	1	1	0	2	0	0	5
Total	**28**	**6**	**21**	**7**	**2**	**62**	**1**	**127**

AIEPI AINM-C

Contenido	MD	EP	AE	TS	Adm	Prom	Educ	Otros	Total
Aplicación de la estrategia de AIEPI	54	36	65	3	41	15	0	10	224
Inducción en AINM-C	5	1	0	2	0	0	1	2	11
Tutorías en servicio	10	1	3	1	0	0	0	3	18
Total	**69**	**38**	**68**	**6**	**41**	**15**	**1**	**15**	**253**

Sistemas de Apoyo

Contenido	MD	EP	AE	TS	Adm	Educ	Otros	Total
Supervisión facilitadora	34	3	0	0	2	0	17	56
Uso de instrumentos, captura y análisis de la información AIEPI	12	2	0	2	0	0	0	16
Uso de instrumentos, captura y análisis de la información PF	22	6	3	24	0	4	0	59
Total	**68**	**11**	**3**	**26**	**2**	**4**	**17**	**131**